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TRANSACTIONS

OF THE

DERMATOLOGICAL SOCIETY

OF

GREAT BRITAIN AND IRELAND

EDITED BY

GEORGE PERNET, M.R.C.S.

AND

WILLIAM T. FREEMAN, F.R.C.S.

1897–8

VOLUME THE FOURTH

(CONTAINING FIVE PLATES.)

LONDON

Printed for the Society by

H. K. LEWIS, 136 GOWER STREET, W.C.

1898

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NOTICE.

The present volume comprises the Transactions of the Society during its fourth Session—from June, 1897, to April, 1898, inclusive. The account of the Annual Meeting and Conference, held on May 26, 1897, will be found in the third volume of the Transactions (p. 117, *et seq.*).

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1897—98.

THE DERMATOLOGICAL SOCIETY

OF

GREAT BRITAIN AND IRELAND,

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RULES

OF THE

DERMATOLOGICAL SOCIETY

OF

GREAT BRITAIN AND IRELAND.

(REVISED 1896.)

---

1. *Object of the Society.*—The object of the Society shall be the improvement of knowledge in all subjects relating to Diseases and Symptoms displayed by the Skin.

2. *Constitution of the Society.*—The Society shall consist of Ordinary and Honorary members. All legally qualified medical men shall be eligible as ordinary members.

3. *The Officers.*—The officers of the Society shall consist of a President, four or more Vice-Presidents, a Treasurer, two Secretaries, a Librarian, and twelve other members, who together shall form the Council and manage the Society's affairs.

4. *Election of Members.*—Candidates shall be proposed on a form provided for the purpose, and signed by three members from personal knowledge. The names of those proposed as new members shall, in the first instance, be submitted to the consideration of the Council, with whom the power shall rest of declining to allow the nomination to proceed. The proposal paper shall be read at one Ordinary Meeting, and the Ballot shall be taken at the following Meeting. No election shall take place unless ten members vote, and no person shall be elected who does not obtain four-fifths of the votes given.

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5. *Form of Admission by the Chairman.*—Members shall be admitted personally by the following form, after signing their names in the Admission Book, and paying their first Annual Subscription:—

> FORM OF ADMISSION.—"*By the authority and in the name of the Dermatological Society of Great Britain and Ireland I admit you a member thereof.*"

6. *Honorary Members.*—The Council shall have the power of proposing men of distinguished eminence in Dermatology, or in the sciences bearing upon it, for election as Honorary Members. The number of Honorary Members shall never exceed ten. They shall be elected in the same manner as Ordinary members.

7. *Expulsion of Members.*—The Council shall have the power of removing any name from the members' list, and shall, if it think fit, deem the following offences against professional good taste as justifying such a course:—The issue of books or papers on medical subjects addressed to the public; the advertisement of medical works in non-medical journals; the giving of testimonials which may be used for advertisements. Any member who may have received notice of the Council's intention to remove his name, may, if he think fit, appeal to the Society, whose vote, under Rule 8, shall be final.

8. *Appeal.*—A member who appeals against the decision of the Council can be finally expelled only at a General Meeting specially called for that purpose, and of which a written notice shall have been sent to every member at least fourteen days previously. At least ten votes must be recorded, and four-fifths shall carry the expulsion.

9. *Subscriptions.*—The Annual Subscription shall be One Guinea, payable in advance at the date of the Annual General Meeting. Each member on election shall pay an Entrance Fee of One Guinea in addition to the Subscription, but in the case of a member elected at a meeting of the Session subsequent to Easter he shall not be required to pay a Subscription during the next Session. Any member whose Subscription is six months in arrear shall be reminded of the same by one of the Secretaries, and if it be not paid within the current year he shall cease to be a member. Any member may, at any time, pay a Composition Fee of Fifteen Guineas and be thereby exempted from paying any further Subscriptions, such member enjoying all the

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same rights and privileges, and subject to the same penalties, as if he were a Subscribing member. Any member resident out of the United Kingdom may pay a Composition Fee of Seven Guineas instead of the Annual Subscription, and will then be entitled to receive, post-free, a copy of the Society's "Transactions" each year, and to have his name printed in the list of members; but if at any time he subsequently become a Resident in the United Kingdom, the question of further payment by him shall be decided by the Council.

10. *Election of Officers.*—The officers of the Society shall be elected yearly by Ballot at the Annual Meeting, to which all the Ordinary members shall be summoned one week before. No gentleman shall hold the same office for more than three consecutive years. Balloting lists of the names recommended by the Council for election shall be sent to each Ordinary member, together with the notice of the Annual Meeting.

11. *Scrutiny of Ballot.*—Two Scrutineers appointed by the Chairman at the commencement of the Annual Meeting shall receive the lists during the first hour, and report the result to the Chairman. In the event of equality of suffrage, the Chairman shall determine.

12. *The President and Vice-Presidents.*—The President shall regulate all the proceedings of the Society and Council, state and put questions, interpret the application of the Rules, and decide any doubtful points. He shall check irregularities, and enforce the observance of the Rules. He shall sign the minutes of all meetings of the Society or Council. In the absence of the President, one of the Vice-Presidents, the Treasurer, or some other member chosen by the Meeting, shall perform his duties.

13. *The Secretaries* shall conduct all correspondence, shall attend every meeting of the Society and Council, and take minutes, which shall be read at the following meeting. They shall notify to new Members their election. They shall arrange with the President the order of proceedings at the meetings. They shall have charge of, and keep a register of, all Papers communicated, and shall be the Editors of the "Transactions."

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14. *Clinical Secretaries.*—In addition to the two Secretaries, the Council shall at its discretion appoint one or more members of the Society under the title of Clinical Secretary, whose duty it shall be to take cognisance of all patients brought for demonstration, and to record and classify in books kept for the purpose the notes of their cases. Whenever practicable, these notes are to be completed by subsequent applications to the member who brought the patient.

15. *The Treasurer* shall receive all moneys due to the Society, and make all payments ordered by the Council, keeping an account of all such receipts and payments. He shall keep printed receipt-books for Entrance-fees and Subscriptions, and every receipt and cheque shall be signed by himself and countersigned by one of the Secretaries. He shall present to the Annual Meeting a written report of the financial state of the Society, signed by himself and by two members of the Audit Committee. All moneys shall be banked in the name of the Society.

16. *The Librarian* shall have entire charge and control of the Library. He shall, as opportunities arise, purchase books for the Library at his discretion out of the grant previously voted for this purpose by the Council. He shall see that all books belonging to the Society are duly entered in the Catalogue, and that the periodicals and pamphlets are from time to time, as occasion may require, suitably bound. It will be his duty to see that the Library Rules are not infringed.

17. *Audit Committee.*—The President, one of the Secretaries, and two members of the Society nominated by the President at some meeting of the Society previous to the Annual Meeting, shall form a Committee to audit the Treasurer's accounts.

18. *Council Meetings.*—The Council shall meet half-an-hour before or after the meetings in October, January, and May, and before the Annual General Meeting, and at such other times as it may be specially convened. Three shall form a quorum. The Council shall determine questions by show of hands (or by Ballot if demanded), the President having in both cases a casting vote in addition to his ordinary vote. They shall have the power of filling up any vacancies which may occur in any of the offices of the Society between one Annual Meet-

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ing and another. They shall decide upon all questions relating to the reception of communications and to their publication in the Society's "Transactions."

19. "*Transactions.*"—The "Transactions" shall be published annually, and sent free to all members of the Society.

20. The *Ordinary Meetings* shall be held from 5 to 6.30 P.M. on the fourth Wednesday in October, November, January, February, March, April, and June. If the day fixed should fall on the Wednesday before Good Friday, no meeting shall be held. The Society's rooms shall be open half-an-hour before each meeting, for the informal exhibition of patients and preparations.

21. *Annual Conference.*—A Conference shall be held in May, on a day to be appointed by the Council. The objects of the Conference shall be the demonstration of patients, and such Discussions and Papers as the Council may deem suitable.

22. *Annual Meeting.*—The Annual General Meeting of the Society shall be held during the Conference, when the Annual Reports of the Council and Treasurer shall be read.

23. *Visitors.*—Each member may introduce as visitors, at an Ordinary Meeting, two gentlemen, on entering their names in the attendance book.

24. *The business of the Ordinary Meetings* shall consist in part in the exhibition of patients, drawings, and card specimens, and in part the reading of Papers. The former half of the meeting shall, when there is material present, be devoted to the first-named object, and the reading of papers will follow.

25. *Communications.*—Communications shall be taken in the order in which they have been sent in to the Secretaries, subject to the discretion of the President. If an author be not present when the time arrives for his communication to be read, it shall be dealt with as the President may direct.

26. *Papers.*—All papers must be sent to the Secretaries at least one week before the meeting, and become the property of the Society. An abstract suitable for immediate publication in the journals should

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accompany each paper. All reports of papers, discussions, or other proceedings of the Society intended for publication shall be made through one of the Secretaries.

27. *Discussion of Rules, &c.*—Nothing relating to the Rules or management of the Society shall be considered at the Ordinary Meetings.

28. *Alteration of Rules: Procedure.*—Any member proposing an alteration of the Rules, must give written notice of that alteration to the Secretaries, not less than three weeks before the Annual Meeting.

29. *Alteration of Rules: Annual General Meeting.*—At the Annual General Meeting proposed alterations of Rules shall be considered and decided upon, notice of such alterations having been given in the summons convening the meeting. Ten shall form a quorum at this meeting, and for the adoption of any alteration of the Rules four-fifths of the votes given must be in its favour.

30. *Special General Meeting.*—A Special General Meeting may be called at any time, on one week's notice, by the President, or at the request of any ten members, the nature of the business being specified in the summons sent to each member of the Society, and no other business being considered.

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TRANSACTIONS

OF

THE DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND.

June 30th, 1897.

An ordinary Meeting of this Society was held on Wednesday, June 30th, 1897, Dr. Payne, President, in the chair.

Clinical Cases.

Dr. Abraham showed (1) a female child, aged 6 years, the subject of multiple Lupus. She had had a large number of spots on her face and several on her body and limbs for the past year, ever since an attack of measles. The lesions were discrete, raised above the surface, soft in consistence, of a yellowish brown translucent appearance—*i.e.*, of the typical "apple-jelly" character. There was no phthisical history in the family. The chest had not been examined, but the child appeared to have fallen off considerably in health lately. She had just been brought to the Hospital at Blackfriars.

The President said it was a very remarkable case. There were enlarged glands under the jaw and in the axilla and elsewhere. He also observed enlargement of one finger-joint, which was either *syphilitic* or the so-called "*strumous*" *dactylitis*. It was elicited that the mother of the present patient had had three consecutive miscarriages before the birth of the present child. He thought further enquiry was necessary before the possibility of its being a case of hereditary Syphilis could be excluded.

(2) A woman of middle age, with a condition on the face which he

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asked members present to assist him in naming. She presented herself at Blackfriars Skin Hospital last January, when Mr. Tay saw her. She then had simple herpes on the upper lip. Just before that she had had a febrile attack, with delirium; and about a week or two later the note in the book was to the effect that the eruption looked like a tertiary syphilide on the lip and nose. She was put upon iodide, in gradually increasing doses, which somewhat changed the character of the eruption; but since then, extensive erythematous, smarting and itching patches had come on the cheeks, and even in the scalp, looking like *erythematous Lupus*, which he considered it now was. Treatment so far had not been of much avail. She had been on iodide for about three months.

In reply to Mr. Buxton Shillitoe, Dr. Abraham said he had a suspicion that there had been some alcoholism. She stated that at one time she had had chilblains very badly, and that she had also had rheumatism and rheumatic gout.

Mr. Pernet said he did not think there was any doubt about its being Lupus erythematosus. The condition on the face might be accentuated to some extent by acne rosacea and the flushing due to dyspepsia. The circulation in the patient's hands was not good, which fact would support the evidence in the same direction.

The President said he was inclined to accept Mr. Pernet's view that it was Lupus erythematosus of the head and face. The patches on the scalp were very characteristic.

(3) A young man, by occupation a plumber, with large patches of eczema on the right knee and left elbow. The history given was that these lesions appeared shortly after Christmas, and had itched and given him a good deal of trouble. He had been using what was stated to be zinc ointment. He had also a vesicular eruption on the face and on the hands, but the hands had been free until recently. When he, Dr. Abraham, saw the patch on the knee, he was reminded at once of an inflammation of the follicles like that met with in ringworm, *viz.*, Kerion; which he had also occasionally seen in men who had to do with horses, and in which cases the trichophyton could always be found. The distribution of the patches, the typical appearance of the eruption on the arms, face, and hands, and other considerations, left no doubt in his mind that this case, though abnormal, was really one of simple eczema. Probably the knee had been irritated by the ointment he used, and also by the man's constant practice of kneeling. The fungus had not been searched for in this case.

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Mr. PERNET suggested that the lesions on the elbow and knee were due to the patient resting upon them while at work. This view was confirmed by the patient.

Dr. SAVILL showed (1) a young girl, aged 18, who had had the present eruption, on and off, since she was a child. The condition was said to return every spring and fall, almost disappearing in the intervals. It was distributed most plentifully on the arms and extensor surfaces, and consisted of large patches with raised serpiginous margins, scantily covered with greasy scales, and when closely examined they were seen to consist of small confluent papules. She also had patches of much smaller size on the legs, and a few on the body as well as one or two on the scalp. He supposed there was no doubt about it being a case of seborrhœic Dermatitis. He brought it before the Society partly because it showed so well the raised edge and serpiginous margin which differentiated it from Psoriasis, and partly because of its distribution. If the members agreed with him that it was a case of seborrhœic Dermatitis, it was worth remembering that it did occur on the legs, though Dr. Crocker and some other authors described seborrhœic Dermatitis as not occurring on the legs. The patient had had no treatment for upwards of a year, which was another point of interest, as untreated cases were seldom seen. Another feature which differentiated it from Psoriasis vulgaris was the acuminate papules, each of which represented an inflamed sebaceous gland.

The PRESIDENT said he was at first inclined to call the condition psoriasis, and he thought it was one of those cases which was always called by that name until lately, when Unna claimed them as a form of seborrhœa. In the Saint Louis Museum at Paris there were certain models which had always been described as psoriasis, yet when Unna came there he called them seborrhœic eczema. In the present case the symmetry and distribution were very strikingly like psoriasis, especially such a form as occurred in cachectic people. The patient appeared to have had rheumatism, and at present she had chronic osteo-arthritis of the wrists. It was a very old observation that psoriasis was associated with osteo-arthritis; it was first suggested by Garrod and afterwards given up by him, but the French dermatologists recognized a chronic disease of the joints as specially connected with psoriasis.

Mr. PERNET said he could not agree with Dr. Savill that it was a case of Seborrhœic dermatitis; he considered everything pointed to it being ordinary Psoriasis in a seborrhœic patient.

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(2.) A case for diagnosis, occurring in a married woman aged 35. Five years ago she had an attack similar to the present one. It commenced on the palm of one hand, and soon both hands were similarly involved, and, later, the feet as well. It continued for two years, and then got well by itself. She was quite well in the interval and until two months ago, when the same eruption appeared on the hands and feet. Two days ago, on the palms of both hands and on the hypothenar eminences appeared two slightly raised flat erythematous spots which had now become circles about two inches in diameter, that on the left hand being the larger. The central area was quite normal, except for a slight blush. The margins were slightly raised; there were no vesicles and no scales. The patient stated that such a patch commenced with a small red spot, which gradually spread outwards like a ring, the itching, which was very severe, being only at the margins. About a week from the commencement, it spread all over the hands, and then in a day or two faded away, leaving no trace behind. A similar condition appeared on the soles of the feet, the toes and heels being sometimes simultaneously affected with the hands; at other times after the hands had got well. When the feet were bad she could hardly walk. The itching was described as unbearable and it kept her awake at night. She had had dyspepsia and indigestion, but her catamenia were regular, and she remained in good health. Two days before she was first seen, there had appeared a circular red ring on the dorsum of the foot; and she had several very slightly raised small red circles and segments of circles on the feet, toes, and backs of the fingers. He supposed it was some form of Erythema multiforme. She did nothing but her own house work. If there had been vesicles, it would have been called Erythema iris. The patient stated she had had rheumatism, but had never been laid up with it, and the joints had not been noticed to swell.

The President said it was a curious erythema, for which he did not know any explanation. He would suggest quinine or salicylate of sodium as useful drugs if the condition did not go away of itself.

Dr. Ryan showed a woman who was the subject of dermatitis from exposure to the X-rays. The exposure was made to ascertain whether there was a fracture about the shoulder. The exposure took place a

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month ago, and there had been great pain and inflammation. It was painful at the time of exposure. A definite margin of pigmentation and swelling could be seen now. The patient was exposed four times, and on the last occasion for 45 minutes. This manifestation only appeared after the fourth exposure.

Dr. ABRAHAM said some hairs could still be seen on the skin of the affected parts. That was interesting because he had been applied to lately to use the X-rays for removing hairs. He considered that it remained to be proved that these rays had any selective action on particular structures in the skin.

Mr. PERNET said a case had been recorded in Vienna in which, to the best of his recollection, six or seven exposures of two hours each were tried in the case of a hairy mole, but with very little result.

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October 27th, 1897.

An ordinary meeting was held on Wednesday, October 27th, 1897, Mr. Buxton Shillitoe in the chair, in the absence of the President, Dr. Payne.

Clinical Cases.

Mr. W. T. Freeman showed a young woman, a nurse by profession, with two little patches on her forehead, one of which she had had for sixteen years and the other for twelve years. They were both slowly growing at the edges, and there was central superficial atrophic scarring. He brought the case in the hope of getting help in the diagnosis. His own idea was that the patches were probably of a lupoid nature. Mr. Malcolm Morris had seen the case recently and suggested removal of the patches at once.

Mr. Pernet considered the case was one of *unusual Rodent Ulcer*. The duration was in favour of such a view. He suggested that the growth should be excised.

Dr. Stowers said he had not seen a similar case, and was unable to suggest a name for it. He did not think it was lupus, and saw no reason to consider it malignant at this stage, although such a character might develop. He suggested that Mr. Freeman should have an accurate coloured drawing made of the case as it now appeared, and exhibit the patient again at a later date. He did not recommend active measures to be taken in regard to it until the diagnosis was established.

The Chairman agreed with Mr. Pernet's view. He thought the local application of mercury might be too irritant; but he thought iodide of potash should be administered.

Dr. Eddowes did not regard the lesions as being of the nature of rodent ulcer. They were superficial rings with cicatrized tissue enclosed, which would have ulcerated in rodent ulcer, because that affection grows into the depth as well as along the surface, and thus apparently cuts off the vascular supply. He advocated the trial of iodide of potash on the chance that the lesions were syphilitic. Not long ago he had a case very like this, though not identical, which at once yielded to the iodide in a way that surprised him and the patient's medical friends.

Mr. Freeman said he would be very pleased to bring the case again in six or twelve months' time. He did not think she would submit to operation. He would try iodide of potash in the meantime. She did not suffer at all severely from headaches.

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Plate I.

Xanthoma Diabeticorum. Dr. Abraham's Case (I.) Right arm, flexor surface.

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Dr. P. S. Abraham showed (1) a case of *Xanthoma diabeticorum*. The subject was a man, æt. 45, weighing 14 stone and inclined to obesity. He was a fitter by occupation, and presented himself at the Blackfriars Skin Hospital on October 4th in consequence of an increasing eruption on his arms, which had commenced six weeks previously. There was no itching or smarting, but he said that the papules became rubbed and troubled him. On examination there were numerous discrete reddish papules with yellowish centres. Having formerly seen a case of xanthoma diabeticorum, he suspected this to be of that nature and requested Dr. Thompson to examine the man's urine for sugar, and it must now be admitted that the case was a very typical example of that disease. The individual lesions were about as large as a hemp-seed, and were closely agglomerated on the flexor surfaces of the arms, chiefly about the elbow joint. The patient said the lesions were coming on the back of the neck, where they were found, but he believed he had none about the body, still they were found on all parts of the trunk, particularly on the sides of the body. A day or two ago the urine was examined quantitatively, and yielded 6 per cent. of sugar, and had a sp. gr. of 1035. The man felt in perfect health, except that he suffered from relaxed bowels, for which he had been treated at St. Bartholomew's Hospital three and a-half years ago. He had been much abroad, and had dysentery and ague twenty years ago in Central America. He was in the habit of drinking beer, and occasionally spirits, and was generally thirsty. He had not been losing flesh. Since he came under observation two or three weeks ago the lesions had diminished on the arms, but others were appearing elsewhere. Yesterday his urine was again examined quantitatively, and contained 4·2 per cent. sugar, and had a sp. gr. of 1025. He (Dr. Abraham) was sorry Dr. Payne was not present, as he had recorded in his usual thorough manner a classical case of the affection. Up to 1895 he believed that only twenty-one cases had been recorded in medical literature, and since then very few cases had come to light. After once seeing a case one was not likely to forget the condition. (Plate I.)

As to the differential diagnosis between Xanthoma diabeticorum and X. vulgare, the latter occurred especially about the face and eyelids. Xanthoma diabeticorum was remarkable for the fact that the lesions were small and discrete, although sometimes agglomer-

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ated, especially about the elbows and knees. The lesions of X. diabeticorum often showed subjective symptoms, but those of X. vulgare did not. Moreover, X. vulgare was far more permanent. In the case before the Society there has been spontaneous evolution and involution of the lesions. The connection with the diabetic condition was well recognized. Practically all the cases except one or two had shown, at some time or other, the presence of sugar in the urine, but he believed Dr. Payne's case had not. There was also an anatomical difference between the lesions of the two diseases. In both cases there were large multinucleated epitheloid cells, the so-called xanthoma corpuscles; but fatty degeneration seemed to be more central in the papules of X. diabeticorum, and there was always more inflammatory infiltration. Some authorities believed the two affections to be varieties of the same disorder, while others believed them to be distinct diseases. English authorities leaned to the French view, and believed that single pathological entity underlay the two. A case of the disease had not been brought before the Society since it was founded. Certain text-books stated that the lesions only occurred on the extensor surfaces. That was refuted in the present case, and this fact showed the futility of generalizations which some writers so often formulated upon insufficient observation. He might mention that the man's breath had a peculiar sweetish odour.

(2) A case of *Granuloma fungoides*. The patient, an elderly man, came to him at the Blackfriars Hospital for Diseases of the Skin, in April of the present year. When young the patient had had two attacks of rheumatic fever, and gonorrhœa twenty years ago; otherwise his health had been good, but he had always been subject to a little itching of the skin. He had no eruption until eighteen months ago, when a small red patch appeared on the side of the neck, which discharged slightly. A similar eruption of patches soon followed on the back and shoulder, and gradually extended to the chest and limbs. When he first came to the hospital there were numerous reddish-brown patches covered with scales, on the face, head, trunk and limbs. The patches were, for the most part, circular, and varied from the size of a shilling to that of a five-shilling piece. At one patch on the abdomen, and at another on the right nipple, the eruption presented a thickened indurated condition. There was

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much itching everywhere. He was treated externally with tar lotion and tar ointment, and was given salicylate of soda internally. Latterly the ointment was changed to one containing zinc, lead and mercury, and iodide of potassium was given internally. The patient had improved somewhat, and many patches had cleared up in the centre, now appearing as broad rings, with red margins; but other patches appeared elsewhere. When he first presented himself, the diagnosis was seborrhœic eczema, but the idea since formed was that it was an early stage of granuloma fungoides. From the colour and serpiginous extension of some of the patches, he had tentatively given iodide, but it apparently had had no effect, and this had confirmed him in his view that the affection was not syphilitic. He would be glad of some advice as to the best way of treating the case, also as to whether the diagnosis of granuloma fungoides would be confirmed by the members.

Dr. Stowers confirmed the diagnosis, and remarked how seldom a case of this disease was seen in the early stage. He would suggest simple mercurial applications locally, and quinine and arsenic internally in as large doses as could be tolerated.

Mr. Pernet also agreed with the diagnosis, and added he would like to mention an interesting point in the patient's history, as perhaps bearing on the ætiology of the affection, though possibly it might not turn out to be a very important factor. The patient's father died at the age of 86, and his paternal grandfather at 98. The patient's mother died at 48. He had noticed in several instances of this rare condition that the parents, or at least one of them, had lived to an advanced age; and it occurred to him that the fact might have some embryological significance. Possibly such parents handed down to their offspring a condition of skin which favoured the development of the disease. He thought it was a point worth noting in future cases of this rare disease. At present these views were of course purely hypothetical.

In reply to Dr. Stowers, Mr. Pernet stated he had gone into the question of the age of the parents at the time the patients were begotten. Inquiries in one case in this direction did not lead to anything. In a case recorded by Besnier,* the patient, æt. 30, was the last of twelve children, and the parents had lived to over 80.

(3.) A man from Mr. Waren Tay's clinic at the Blackfriars Skin Hospital, who was by occupation a wood packing-case maker, with a peculiar dark-red eruption over the abdomen and sides, of a terribly pruriginous character. The condition came on suddenly eight or nine days ago, and he went to a large hospital where little interest

* Kaposi-Besnier, 2nd French Ed., Vol. II., p. 621.

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was taken in the case. The question was whether it was acute lichen planus or *lichen ruber acuminatus*, although the individual lesions were perhaps not so acuminate as in the latter. The patient said he was somewhat out of sorts just before the rash started, having had potted salmon for supper, and "feeling funny" the next morning at breakfast.

Mr. PERNET considered the case was one of acute lichen planus.

Dr. SAVILL showed (1) a young woman, aged 27, who was a very good example of *urticaria factitia*. The condition, he said, was sometimes called urticaria perstans, and sometimes dermatographia. Wherever a line or pressure was made on the skin an erythematous wheal speedily appeared, and this was demonstrated before the members. Dr. Savill also showed a photograph of the patient's back after letters had been traced upon it. The patient had had the condition five years, and was a housemaid by occupation. In the ordinary state the skin was free from any subjective or objective symptoms. The condition was troublesome because the wheals when they appeared were burning and itching, and they were raised on the slightest provocation, by handling a broom or by blowing her nose. She was highly nervous, and presented many symptoms which might with propriety be ascribed to vasomotor derangements, including cold feet and hands, faints at the catamenial periods, sighing, and other disturbances of respiration, flushing for a slight cause, the flushing being often followed by chill. All these symptoms were more marked two months ago, when she first came under treatment, than at present. As to the ætiology of the condition, five years ago the patient had an illness, the exact nature of which could not be ascertained. She said she had a great deal of pain in the limbs, and severe indigestion, slighter attacks of which she had suffered from from time to time, both before her illness and since. Shortly after that the condition of the skin developed. He had given her large doses of calcium chloride, beginning with 20 grs. three times a day directly after food, and increased gradually to 45 grs. She had only once since complained of a little upset in the digestion, and at the present time she was very much happier and better in herself. The wheals now took longer to appear after the cause, and did not last so long. He gave calcium chloride because it increased the coagulability of the

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blood, and certainly the patient had improved under it both as to the skin condition and her general health.

Dr. STOWERS asked whether Dr. Savill had any information to give concerning the effect of cold water upon the skin of his patient, as he had recently seen a a female who complained that immediately she put her hands into cold water a papular erythema of the nature of urticaria developed, limited to the wetted surface, and lasting from ten to twenty minutes. Hot water had no effect upon her, nor had dry cold.

Dr. EDDOWES asked whether Dr. Savill found any indications of dilatation or other obvious disorder of the stomach in this case.

Dr. SAVILL, in reply, said he had not seen any indications of a dilated stomach, but the gastric system of his patient was very prone to get out of order, and she had to be very careful about her diet. It would be remembered, also, that the condition dated from what seemed to have been an attack of acute gastritis. Any extra irritation of the stomach increased the skin affection. Hot and cold water had no effect upon the patient's skin. He suggested that the interesting case mentioned by Dr. Stowers belonged either to the category of Raynaud's disease or acroparæsthesia, probably the latter.

(2.) A male patient, æt. 27, the subject of *bromide eruption*. He had been troubled formerly with a very few acne papules on the shoulders, and came under his care at the West End Hospital for Nervous Diseases, for neurasthenia, on September 7th. On this date he was ordered bromide of potassium in only 10 grain doses, and had taken it regularly thrice daily ever since. At once a number of large papules or blotches with suppurating apices had appeared on the back, and later on the legs. These had become gradually worse until the patient was in a very sorry condition. The eruption was only brought under Dr. Savill's notice the day before, and now the eruption was stopped. A few papules on the face were common enough, but the exhibitor had not before seen as severe an effect as this with so small a dose. The drug was pure.

Dr. EDDOWES showed (1) a case of *seborrhœa of the body* in a patient in whom the condition had been without treatment for a long period. The eruption was composed of little patches, more or less circular, with dried secretion at the margins. Ths man said it commenced with a state of eczema on the head, and that there was "a running from the head which dripped upon his clothes." The present eruption had reappeared just where one would expect it—viz., between the scapulæ and over the sternum. Probably it would have been called "vest-rash" at one time.

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(2.) A case of *lichen simplex verrucosus* on the legs. He hoped he would be favoured with some suggestions as to the treatment of the case, which was very obstinate, as it had been under treatment for several years. He wanted the patient to permit him to iron the warty prominences with a Paquelin's cautery, and then bind the leg up with a gelatine elastic bandage. Distinct benefit had been derived from Unna's mercurial plaster, but the process was too slow to satisfy him.

Mr. PERNET said he would describe the condition as lichen planus verrucosus.

Dr. ABRAHAM thought it was a good example of lichen planus hypertrophicus. He would like to hear Dr. Eddowes's experience of arsenic in these cases. His own belief was that it was not as satisfactory as some authorities taught.

Dr. STOWERS said he had shown a less marked case of the affection before the Society, in association with varicose veins, though probably unconnected with them. The acute stage of lichen planus developed during the time the patient, a female, was under observation, thus confirming the diagnosis.

Dr. EDDOWES, in reply, said that under another medical man the patient had had a good deal of arsenic, but without benefit. Arsenic was one of the most disappointing drugs he had had to deal with. He used it but seldom.

(3.) The photograph of a patient who had contracted *animal ringworm* from a pet hedgehog. He placed under the microscope stained preparations (1) of scales containing the fungus taken from the patient's skin, and (2) prickles of the hedgehog affected with the same fungus.

Dr. HOPE GRANT showed a middle-aged man with a peculiar tumour on the back of the hand. He said he had brought the case for diagnosis. The condition dated from six months ago, when there was a small boil or fester, which he pricked, and instead of disappearing, as previous ones had, it persisted, and a scab formed, which had kept increasing. The man was a tailor by occupation, and the back of the hand had been subjected to continual irritation by the cloth when using the scissors. The question arose whether it was anatomically of a tuberculous nature, and whether the lesion should be operated upon. The patient had no enlarged glands.

Dr. EDDOWES thought it looked like a post-mortem wart (verruca necrogenica). He saw two cases in private practice many years ago, one patient being a waggoner and the other a butcher. He treated the cases with pure carbolic acid, and then applied an ointment of carbonate of lead, which effected a cure. He would suggest the same treatment in this case, and if it were not successful he would try acid nitrate of mercury.

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It was generally agreed by the members present that the case was one of *Tuberculosis cutis.*

Dr. STOWERS presented a young woman upon whose face there were a number of small superficial depressed scars, connected with the disorder for which she was now under treatment. The patient said that the condition had existed for many years, and that for the last three or four months she had been specially out of health. Numerous pustules were now visible, having the characters of *Acne varioliformis*, which was his own diagnosis. There was no suspicion of syphilis. She had never had small-pox or chicken-pox. Dr. Stowers exhibited a picture of another case of acne varioliformis for comparison.

Mr. PERNET agreed with Dr. Stowers that the case was one of mild acne varioliformis, and pointed out that the sides of the patient's face were very hairy for a woman. There were also some lesions in the hairy scalp near the forehead.

Mr. A. SHILLITOE showed a young man with a severe dermatitis caused by the application of mercurial ointment. It was the ordinary blue ointment, known as "troopers' ointment." The patient had been subject to urticaria from boyhood upwards.

The CHAIRMAN thought such cases were often caused by the ointment being allowed to get rancid before use. He had seen many such cases years ago.

Bearing out the Chairman's last observation, the patient told him (Mr. Shillitoe) that a friend of his bought, at the same place and time, some of the same ointment, for the same purpose, the cure of pediculi pubis, and that it had affected him in much the same manner.

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November 24th, 1897.

An ordinary meeting was held on Wednesday, November 24th, 1897, Dr. J. F. Payne, President, in the Chair.

Clinical Cases.

Dr. Payne showed a gentleman, æt. 78, who had suffered from eczema for a number of years, and for which he was some years ago under treatment. Within the last three years he had had red patches on his skin, which might be called erythema, or might be called a modified eczema. But the remarkable fact was that on these patches there had arisen two cutaneous tumours. They would see that the general appearance of the tumours exactly resembled that of the disease known as mycosis fungoides. However, a portion of one of the tumours had been removed for the purpose of diagnosis, and some very good preparations of them had been made, which he must show on some future occasion. The microscopical structure was not at all like that of the tumour of mycosis fungoides, but that of a *spindle-celled sarcoma*, but of a peculiar type, *i.e.*, the sarcoma showed in parts a myxomatous degeneration, and the cells were arranged in columns, so that it had some resemblance to the condition called cylindroma. But that name had been given to more than one kind of tumour. The remarkable fact was that those two tumours had been there three years; they had only extended very slightly during that time; they were not very painful, and they did not give rise to much inconvenience. But the skin was very irritable, probably from the latent eczema. They knew that in several instances eczema had been the forerunner of mycosis fungoides, but he did not know whether it had been found to be the forerunner of sarcoma. One of the tumours was on the side of the chest, and the other on the shoulder. None of the tumours had ever been removed at any time. No enlarged glands could be found. The patient's parents had lived to a great age; and the father had died of cancer.

Dr. Abraham sent the following cases, which were shown by Mr.

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Xanthoma Diabeticorum. Dr. Abraham's Case (II.) Left fore-arm, flexor surface.

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HOPE GRANT: (1) a man of middle age the subject of *Xanthoma diabeticorum*. He attended at the Blackfriars Hospital on November 5th, 1897, complaining of numerous yellowish papules, which were chiefly massed on the forearms, and particularly on the flexor surfaces near the elbows and on the elbows themselves. They were rather numerous in the axillæ and down the sides of the body, as well as on the knees, and were scattered over the back. Those papules on the limbs were chiefly about the size of split peas; those on the body smaller; they were tender and painful when pressed upon, but did not itch. The eruption first appeared three years ago on the hips, from which it has since disappeared; the spots had been on the arms for two years, sometimes diminishing in number and size, but lately increasing. The patient had small-pox when a boy, but no other disease. The father died æt. 42, of consumption, the mother æt. 40, of small-pox. The patient had recently had some abdominal pain over the region of the liver, and had been losing flesh and feeling languid, and slightly bilious, with occipital headache. He had been in the habit of drinking three pints of beer a day, and occasionally spirits. When first seen the urine had a specific gravity of 1·022, with barely a trace of sugar. Two days after it was quantitatively examined and no sugar was found, as was the case* at a subsequent examination. (Plate II.)

"There were some points of contrast with the other case of Xanthoma diabeticorum shown by Dr. Abraham at the last meeting: *e.g.*, the patient is a cook by occupation, of sedentary habits and corpulent; but very nervous—so much so that he would not allow me to excise one of the papules for microscopical examination. His weight on Nov. 26th, was 12 stone 9 lbs.; on Dec. 3rd, 12 stone 8 lbs.; Dec. 10th, 12 stone 8 lbs.; Dec. 17th, 12 stone 7 lbs.; Dec. 31st, 12 stone 8 lbs.; and January 6th, 13 stone 1 lb. The urine has been frequently examined since he came under observation, but no sugar has been demonstrated. The lesions have been steadily diminishing in number and in size, and at the date when he was last seen, Jan. 7th, 1898, they had to a great extent disappeared; of those which had remained, the tenderness, of which he had at first complained, had quite gone. He has been carefully dieted, and has been regularly taking iron, sulphate of magnesia, nux vomica, and codeia.

* *Brit. Jour. of Dermatology*, Vol. IX., 1897, p. 485.

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"These are the only two cases of this rare affection which have come under my care during the last twelve years, and it is curious that they should have presented themselves within a few weeks of each other. I may here mention that the first case also has been steadily improving under similar treatment—the papules have nearly all disappeared, the sugar gone from his urine, and his general condition in every way become better."*

THE PRESIDENT said it was an interesting case, and reminded him of two cases of which he gave an account in the *British Journal of Dermatology* some years ago. In the first place it was like them, because in both of those there was transient glycosuria, as was evidently the case in the present patient, who was not really diabetic. That was also true of the case published by Dr. Cavafy and several others. The supposition that the glycosuria would be transient did not turn out correct in the last case that he (Dr. Payne) had, for it turned out to be in the last stage of diabetes. The latter case was shown to the Dermatological Congress. The various dermatologists from the Continent and America, who were there, were very much struck with that case, because they did not often see them anywhere else. Some of them expressed doubt whether the condition called Xanthoma diabeticorum was the same as ordinary xanthoma. French dermatologists also doubted whether it was histologically the same as the latter; they attached great importance to the presence in large numbers of elastic fibres in these patches. He (Dr. Payne) found the statement as to elastic fibres was true of his case on which he made a histological examination.

Mr. HOPE GRANT, in reply to the President, said that the other patient was a very stout, diabetic-looking man, and the glycosuria was constant until treatment was adopted, when it disappeared, so that it was not a severe symptom.

(2.) A case of *Favus* in a boy, whose head was covered with the condition.

(3.) A youth with ulcers on the leg and on the forearm, a patient of Mr. Bidwell's at the West London Hospital. Dr. Abraham's opinion was that the lesions were syphilitic, in spite of the fact that no history of infection was obtainable. There was a slight history of tubercle in the family, but it did not seem very definite. The age of the patient was 21, and his occupation was that of coal carrier. The lesion on the arm had existed six months, and on the leg four months, previous to which he had no affection of the skin.

The general view was that the ulcers were specific.

(4.) A female child the subject of *Dermatitis herpetiformis*. She was brought to the West London Hospital about five months ago, when her skin trouble began. There was no previous illness, nor

* Additional note by Dr. Abraham.

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any skin eruption. First she had the eruption only on the face for about a week, and it was diagnosed as impetigo. She had pediculi in the head. She got well and attended a month later for skin eruptions on her back, neck, and chest, and on the buttocks and limbs. The eruption was then papular and vesicular, and the lesions varied in size from that of a hemp-seed on the neck to that of a currant. There was extreme itching. The eruption tended to a circular grouping. She was treated with tar baths, and the irritation soon diminished. There were also some lesions below the tongue and on the buccal aspect of the lip. The present eruption appeared on August 17th, her skin being covered with blebs a quarter of an inch in diameter upon erythematous areolæ. The typical appearance was not at present so evident, the patient having greatly improved lately.

THE PRESIDENT agreed with the diagnosis.

Dr. EDDOWES said that the diagnosis would be a simple matter with Kaposi, who would call it pemphigus. He himself thought this was a case of Dermatitis herpetiformis. It would be interesting to know whether any cultivations could be obtained from it.

Dr. DAVID WALSH showed (1) a case of *infective Hæmato-angioma*, the patient being a young woman. The case was shown two years ago, and was under the care of Mr. Waren Tay, at Blackfriars. On the previous occasion when he exhibited the case no very definite diagnosis was arrived at, and it appeared in the Journal as a case for diagnosis. Since then he had shown it at the Congress, where it seemed to create a good deal of interest, and it had also been sent to Mr. Jonathan Hutchinson's clinique. That gentleman published an account of the case, together with a coloured plate, in the *Archives of Surgery*. The plate was shown to the members. In the light of the later history, he (Dr. Walsh) thought the case of sufficient interest to bring up once again. The name he had applied was that given to it by Mr. Hutchinson. The history which Mr. Hutchinson gave of the case contained one slight inaccuracy, which was possibly not without importance. The published account said, "This patient was 18 years of age, and had noticed changes in her skin one year." The fact was it came on at 13, so that it had been noticed five years. The patient was now 21, and had had the condition eight years. It began in one arm, immediately after an attack of rheumatic fever, and spread from that point all

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over the body. When he showed the case in 1895, he said it appeared to be a chronic progressive peri-vascular inflammation, accompanied by obliteration of arterioles and atrophy; and then he said it seemed secondary to some purpuric condition, perhaps connected with rheumatism. It ran in arborescent lines down the arm and travelled along the surface capillaries. On the arms, where it had healed, there were little surface depressions. It had travelled over the face without leaving much marking. Within the last two months there had been a fresh storm, and the eruption had appeared in fresh, slightly-raised points, not in arborescent lines, and had spread out in roundish spots on the legs. That was attended by some systemic upset, with diarrhœa. In addition, there was a nævoid condition in the left popliteal space, with enlarged veins. Massage and antiseptic ointments seemed to be producing a gradual scarring.

Dr. Walsh said no surgical measures had been taken; he had used thyroid tabloids over a long period.

Replying to a question by Dr. Savill as to the reason for using the term "infective" in regard to the case, he said the term was first used by Mr. Hutchinson, and he took it to mean infective in a local sense—a creeping, slow invasion. There was no history of spitting of blood, and no cardiac lesion was apparently present. He had met with two other cases of the kind at Blackfriars, but they were not by any means so pronounced. The lesions in those ran down the course of the ulna, as if the arm had been scraped against a doorstep. In one it was connected with a bone lesion.

(2) A case of *recurrent multiple Lupus*, in a young woman, æt. 29. There was a consumptive history; her father died of phthisis at a rather advanced age, and the mother died of what was thought to be bronchitis. In addition eight or nine brothers had died of phthisis. Seven years ago she had some patches of lupus on the face. Some years ago she was under Dr. Abraham, who scraped the parts very thoroughly, and good cicatrices were evident. The patient had now patches about the face, and some on the lip. When she came back she said she had had a conjunctivitis for two months of one eye. He sent her to Mr. Sydney Stephenson, who examined her bacteriologically, but got negative results, and he agreed that the conjunctivitis was probably a skin process involving the eye. Mr. Stephenson had gone more fully into the case since then, and the patient had

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had both eyes affected with this condition. Possibly the invasion of the conjunctiva had been encountered in this case in a very early condition. It had responded immediately to local antiseptic measures.

THE PRESIDENT asked whether a piece of tissue was cut out for the bacteriological examination, if not they would hardly expect to find tubercle bacilli. He could only remember seeing one case where lupus did affect the conjunctiva, and then it was only growing over the lower eyelid. However, watching it would assist the diagnosis.

Mr. PERNET said he did not think there was sufficient evidence that the conjunctival condition was of the nature of Lupus vulgaris. At present the diagnosis was not absolute.

Dr. EDDOWES remarked on the different way in which tubercle affected different skins. They could not doubt that scrofulodermia was tubercular, and yet how rapidly the skin broke down in that form, even when it had nothing to do with previous affections of lymphatic glands. Some time ago he showed a boy who had a sore on the back of his hand like a post-mortem wart, and on the cheek typical lupus, and it was found that he was in the habit of sleeping with his face on the back of his hand, hence the infection of the cheek from the hand was easily to be understood.

Some time ago he operated on a hospital patient for an isolated patch of lupus on the neck, which had existed for a long time. His own Paquelin's cautery was out of order, so he borrowed a new one, which unfortunately ceased to act as soon as he touched a wet surface with it, and consequently it merely blistered the skin, rendering the operation much less thorough than it should have been, while the patient was under the anæsthetic. The part healed over and formed what looked like a promising scar, but after a time little diseased centres reappeared, and now half the patch was spreading, and presented the character of an eczema. There had been no extension of the patch, except directly at the margin. He was inclined to believe that infection with tubercle took place frequently along the superficial tracks of the epidermis.

Dr. SAVILL brought forward a case for diagnosis, showing patches of *Morphœa* and *Sclerodermia*. He only saw the case the previous night, so had not yet got all the particulars. The woman was 40 years of age, and she came for advice because her hands pained her very much; they were both swollen, especially at the joints, red, and the skin was smooth and shiny. The feet were similarly affected, and on the surface of the right instep was a white patch, evidently morphœa. She also had several patches of undoubted morphœa alba on the trunk, which had appeared two years ago, before any of the other symptoms. The feet began to get bad twelve months ago, when she had numbness and stiffness in them; then the skin gradually got hard and stiff, as now. Very soon after the affection of the feet commenced she had the same condition of the hands, and then the end of

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the third toe of the left foot dropped off completely; the process being very painful. Shortly after the feet began to get bad, she suffered a great deal of pain in them, with numbness and "pins and needles." Then they became red and the joints swollen. The case appeared to resemble Morvan's disease in some respects, while in others it resembled syringomyelia, though the skin of the hands and feet was not analgesic or anæsthetic, nor was there any loss of thermal sensation of the hands at least. However, the muscles all over the body had been gradually wasting, chiefly in the forearms, these also being stiff and weak. The stiffness in the feet was partly due to stiffness of the muscles and partly to stiffness of the skin, which was hard and sclerodermic.

Mr. PERNET said the condition of the lower extremities was, in his opinion, sclerodermia. There did not appear to be any evidence of syringomyelia, either of the Morvan type or otherwise. The lesion on the left third toe had apparently been superficial.

In reply Dr. Savill said he did not wish to definitely diagnose syringomyelia, but pointed to the swelling of the finger and toe joints, and the stiffness and atrophy of the muscles as being unusual in simple cases of sclerodermia.

Dr. EDDOWES said he thought the unilateral zoster-like bands of the sclerodermia were very instructive, and suggestive of spinal nerve origin.

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Wednesday, January 26th, 1898.

An ordinary meeting was held on Wednesday, January 26th, Dr. Robert L. Bowles being in the chair.

Paper.

Mr. J. Hancocke Wathen (Clifton) read a paper entitled

A PERSONAL REMINISCENCE OF THE LOCAL EFFECTS OF IODOFORM.

Having suffered during the summer of last year from four distinct attacks of a severe Dermatitis of the hands, it occurred to me that a recital of them might be acceptable to this Society, and elicit the opinion and experience of the members on the conclusions I have arrived at as to their causation.

On June 3rd, being in ordinary good health, I, for the first time, used a dry preparation of iodoform gauze, having always up to that time worked with the moist preparation. That night I had great irritation of the hands, and the next day a crop of bullæ appeared on the interdigital aspects of fingers—mainly on the left hand, but there were also two on the interdigital webs of right hand. The blebs partook much of the appearance that I would assign to Hydroa herpetiforme; as their contents became absorbed they became purple in tint, and went through the usual course. I went to Llandrindod Wells, and returned on the 17th of June practically well locally, and much benefited by the saline waters and pure air of that resort—it being 900 feet above sea-level. On June 21st, I had a recurrence of the trouble in a more aggravated form, and on this occasion I should describe the condition more as that of Cheiro-pompholyx, the so-called boiled sago-grain appearance being very marked. In a few days I returned to Llandrindod, and then added to the saline waters sulphur, and sulphur baths. On July 17th, after three weeks' absence, I returned home well, and all appearance of trouble on the fingers had disappeared, except that on one finger (the left ring-)

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there was a slight trace of thickened epidermis. I should mention that on the first occasion there was considerable irritation of the plantar surfaces, but no vesication or blebs. By the evening of the following day, July 18th, the trouble had recurred with increased force and virulence, and I had to keep my bed for three days. This attack extended as a dermatitis over the dorsal aspects of both hands, with bullæ over the fingers. I had occasion to visit Bexhill, and on my return took the opportunity of seeking the counsel of my friend Dr. Radcliffe-Crocker. He, as well as Dr. Bowen Davies, of Llandrindod, thought the trouble to be essentially gouty in origin, and prescribed salicylate of soda. This was on July 31st. On August 3rd I wrote that my hands were going on satisfactorily, but in an hour or two afterwards my hands began to be irritable again, and by night there was a full blaze out.

These three attacks, like the first, followed the handling of the dry iodoform gauze, and I became convinced that the evidence pointed to this being the local irritant acting on a sensitive skin in a gouty subject.

A visit to Ben Rhydding, and afterwards to Harrogate, with wet packing, Aix douche baths and massage, under the advice of Dr. Johnstone and Dr. Oliver, thoroughly set me up, and I have had no return of the trouble, possibly due to avoidance of iodoform.

Talking over my case with Dr. Johnstone, of Ilkley, and giving utterance to my suspicions of iodoform, he referred me to Dr. Jessop, of Leeds, who had a very similar personal experience. I therefore wrote to Dr. Jessop, and have his permission to make use of his testimony, which is as follows :—

"In varying degrees Iodoform dermatitis is a very common affection in surgical practice. I have met with—not metaphorically, but literally—scores of them, but have seen only a few so severe as my own. Some seventeen or eighteen years ago, when iodoform was first introduced, my hands became intensely inflamed from finger-tips to wrists, largely swollen, red, and thickly covered with vesicles of varying size." He goes on to say that he consulted many friends in Leeds and London. All called it acute eczema, all attributed it to over-work, all recommended rest, change of air and scene, some called it gouty, one thought it most probably excited by some local irritant, and as at that time he was constantly working in the

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carbolic steam spray, carbolic acid was credited as being the cause.

He went to Switzerland for six weeks, and during the last four his hands were quite well. Within forty-eight hours of his return in "boisterous health" the affection had returned, and was as bad as ever. Then it was that he was able to spot the real cause. Mr. Jessop says, in the course of years he became less susceptible, and is now almost immune; but a free dusting produces still a little itching and redness on the interdigital webs, and his experience coincides with mine, that the dry preparations of iodoform are more likely to produce irritation than the moist ones

I do not know whether any other members have had any similar experience of the effects of iodoform on the skin, but I think it may be assumed that in the experience of those of us practising in the south and west it is not a common occurrence in surgical practice.

With regard to local treatment during the acute stages, I found boracic acid, lanolin cream, or thick gruel, with firm bandaging of each finger separately, gave me the greatest measure of relief.

It has been suggested to me that the attacks recurring immediately on my return home might be explained on the "drain" theory, but as I have not a single drain or water-closet within the four walls of my house, and as my house is periodically subjected to a sanitary inspection, I think I may exclude that as a cause.

The CHAIRMAN said nothing could be more important than to make sure, step by step, of the varying actions of drugs. He believed they were constantly treating, as diseases, conditions which were really the results of local irritation, and of that they had had some curious instances that evening. It would be a great help for members to observe such cases and bring them before the Society, as Mr. Wathen had done.

Mr. PERNET said he had seen a few cases of iodoform dermatitis. In one, an acute localised vesicular eruption followed the application of iodoform powder to a varicose ulcer. He had not seen a case similar to Mr. Wathen's, due to handling iodoform gauze.

Dr. ABRAHAM said he had seen several cases of intense dermatitis produced by iodoform, especially in treating ulcers of the leg, instances of which he quoted; and he referred to a case in which sleeplessness was caused.

Dr. TRAVERS SMITH said that some years ago he used to treat his cases of ulcer of the leg with iodoform ointment, as a routine procedure. He found it used to act as a kind of anæsthetic, enabling patients to sleep better at night. But he had to desist from the treatment, because in several of the cases it gave rise to a vesicular eruption. He did not now use it.

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Clinical Cases.

Dr. Abraham showed (1) a private patient, a middle-aged gentleman, who came under his observation in October last with a very peculiar affection on the right side of his chest. There were several large brownish masses, some of them as large as a walnut, others as large as peas, the remainder being of sizes between those two. Some of the larger ones had ulcerated and become very much inflamed, they were also extremely painful. There was an enlarged gland in the axilla. The first large lesion, which had ulcerated, he was at first inclined to regard as an epithelioma of a peculiar kind, but others which had not broken down rather negatived that idea. Mr. Hutchinson had seen the case, and the first question he asked was as to whether the patient had had herpes zoster, which was answered in the negative. The lesions first came in 1889, upon a *part of his skin which had been rubbed* by the brass bar of his brace. A patch of irritated surface had appeared from that, and had grown into a mass; other masses then followed in the neighbourhood. They had been treated by a chemist's remedy containing iodine, under the idea that the condition was eczema, but it only aggravated the condition. Mr. Hutchinson's view was that it was some peculiar form of *keloid*, which, on further consideration, Dr. Abraham was inclined to endorse, though he did not see why it should have broken down and ulcerated. He had prescribed a very simple, soothing application—oxide of zinc, acetate of lead, and a little subchloride of mercury, in an ointment. The patient suffered from disordered digestion for a long time, for which he had been put on a bismuth mixture. His condition now was in every respect better. He showed a photograph of the lesions as they appeared in November (Fig. 3). The patient also had a very peculiar affection on the inner side of the right thigh. It consisted of dark red, flat papules, which gave him very little trouble. Mr. Hutchinson said he had never seen anything exactly like it before. The enlarged gland had now disappeared from the axilla.

Mr. Hare asked whether Dr. Abraham had examined the patch inside the thigh for a vegetable parasite, and suggested that it might be erythrasma.

Dr. Abraham said he had not examined the eruption on the thigh for a fungus, and it did not at all occur to him that it looked in the least like erythrasma, which was generally in more circular and discrete patches, and had a yellowish centre.

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He believed there was some enlargement of the capillaries, and thought it, therefore, rather of the nature of a nævus. He would, however, further examine it. He might add that the patient had given him permission to excise one of the nodules, which he intended to do that evening, and he would let the Society know the result. The question of possible syphilis was carefully gone into by himself and Mr. Hutchinson, and there was no reason to believe that it had anything to do with syphilis.

Dr. EDDOWES referred to the effects produced by constant irritation, and showed a callosity of the web between the first and second fingers of his right hand, where he had been in the habit, more than twenty years ago, of carrying his stethoscope, while going round the wards of a hospital in which he was resident medical officer for four years. Though he had not carried anything in that position for twenty years, the callosity was still very distinct. He was inclined to think that long-continued irritation of parts not calculated to bear it might seriously and permanently upset the physiology of tissues, so that pathological changes might continue after the removal of their exciting cause.

(2) A girl, aged 21, sent to him by Dr. Swan, who had intended being present. She came with rupial-looking scars on the arms and legs, but there seemed not much likelihood of syphilis in the case. The scales had come off some of the lesions, leaving a red, swollen, inflamed base, and they looked more like the lesions of a bromide eruption. It seemed quite clear, however, that she had not been taking any bromide. She had extreme pain in the stomach. The condition only dated from Christmas. Another possibility was ecthyma. She had had no bad sore throat, or any other specific symptom. The lesions were confined to the arms and legs.

Dr. EDDOWES thought the extraordinary symmetry of the affection was against the idea of its being of an infective nature, like ecthyma. He thought inquiry should be made as to whether she had had bromides or iodides.

Dr. ABRAHAM replied that the patient certainly had not been taking bromide or iodide since Christmas, because he had seen the prescriptions of her two doctors, and she denied having taken anything else.

(3) An infant with *specific ulceration* of both labia majora. There was no history of syphilis on the mother's side.

(4) The case of *Xanthoma diabeticorum* previously shown at the November meeting of the Society. The lesions had nearly all disappeared, and some of them had left yellowish-brown marks. The patient's general condition had very much improved under treatment, which consisted simply of the internal administration of iron, sulphate of magnesia, nux vomica and codeia every day. Though the disease was very rare, that was the second case he had seen in

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three months, both of which he had been able to exhibit to the Society (Fig. 2).

(5) A man from the West London Hospital, who was in the habit of carrying a good deal of paraffin oil, and had developed a very typical and *extensive pustular rash* on the right leg, the oil having soaked through his trousers.

(6) A boy, æt. 18, who presented a large, deep and irregular cavernous ulcer on the top of the sternum, and one in the left axilla. The patient stated that four months ago he had "lumps" in the neck, which were painted with iodine and disappeared. Shortly afterwards a similar lump appeared in the axilla, which became bad and had broken, now leaving a sinus. The boy had a rash on the side of his abdomen a year ago, and was then ill with inflammation of the lungs. At first he denied anything venereal, but now admitted he had a discharge eighteen months ago. The opinion had been expressed by two of his colleagues at the West London Hospital that the lesions were tuberculous, but to him the ulcer appeared to be a broken-down *syphilitic gumma.*

Dr. Savill showed (1) a case of *leucodermia*, treated by carbolic acid, in a girl, aged 16, on whose skin there appeared ten years ago white patches, surrounded by pigmentation, in the groins. These gradually spread. During the last two years (since the catamenia first appeared) they had spread much more rapidly. In November last there were extensive circular and ovoid white, smooth areas, surrounded by zones of brown pigmentation in both groins and in the adjacent parts of the legs and abdomen; somewhat symmetrical. The texture of the skin in these parts appeared quite normal. She had a symmetrical patch of white, surrounded by brown on the right side of the chest, and patches of brown only over the sacrum, the nape of the neck, and in the armpits. The thyroid was enlarged, and axillary glands could be felt. He treated the condition in a way that he was not aware had been tried before—viz., painting the brown patches on the sacrum and nape of neck with pure phenol. In the course of three weeks the skin in these positions was fully restored to its normal pink colour. Such cases were sometimes regarded as incurable.

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Dr. EDDOWES asked whether there was any indication anywhere of anything like alopecia areata. The matter was of peculiar interest to him, because some time ago he drew attention to the fact that in some of the cases of alopecia areata he could find white patches elsewhere, which were usually called leucodermia. It seemed to him that some of these patches were essentially of that nature, and should be treated with fairly strong anti-parasitic remedies, though the skin of the body did not require such strong applications as did the scalp. In some cases of alopecia areata of the beard the patches could be quite clearly traced on to the non-hairy parts, as so-called leucodermia.

The CHAIRMAN said he had watched many cases from another point of view, and found constantly that they came as the result of shock, distress, and worry of the nervous system. When the atrophic patches were on the edge of the hair, the hair itself near by quickly became white. He had never seen any good result from irritation in the white patches themselves. He had also seen the hair fall off from the legs and come away in the drawers in a single day, and without any premonitory symptom whatever. He had been in the habit of sending such patients away to Switzerland for the summer, but they had come back apparently worse as regards the skin, because the brown pigmented portions had become very much more bronzed. That led him to think that the brown portions of the skin were not due to any parasitic action, but to hyperæmia of the margins of the patches, through the influence of the sun or air, or some vaso-motor nerve changes. Of late years he had been less inclined to believe that the lesions were of the nature of alopecia areata than he was formerly, more especially as in his cases there was ordinarily no alopecia of the head, or even any indication of it. He rather felt it was due to change in the general nervous system, or to some toxine invading the blood. In exceptional cases he had seen the whole of the hair of the head and face entirely disappear and return after some years.

Dr. SAVILL, in reply, said the child was evidently the subject of incipient Graves's disease; the thyroid was still enlarged, and it had been larger. She was extremely nervous and easily flurried, and very much inclined to be hysterical. The pulse was very rapid at times; therefore she had three of the four classical signs of Graves's disease (all, excepting proptosis). She began to menstruate two years ago, and since then the pigmentary disease had made very rapid strides. Graves's disease must be looked upon as a disorder of the sympathetic nervous system, and the association of the pigmentary disorder was interesting in this respect.

The CHAIRMAN said he had noticed the enlarged thyroid in the patient, and had remarked on several occasions that this singular skin affection was in some way, at times, connected with Graves's disease.

Dr. PHILLIPS-CONN asked what was the *rationale* of the treatment which Dr. Savill had employed. It would be interesting to know how the phenol acted, and the question arose whether the effect was likely to be permanent.

Dr. SAVILL said the remedy was only applied once, and the pigmented cells appeared to come away with the scales of destroyed cuticle. He took it that the phenol acted by destroying the surface of the skin and bringing away the pigment with it, and that the new skin came unpigmented. The phenol was applied six weeks ago. He first removed the grease by A.C.E. mixture; if that were not done a mottled appearance would result.

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(2) A young woman, aged 28, the subject of symmetrical *vesicular* tropho-neurotic lesions of the hands. As long as she could remember the patient had been nervous and subject to fainting attacks, averaging one or two a week. She had also been subject to frequent attacks of migraine, preceded by *numbness of the fingers, and along the ulnar sides of the forearms*, and flashes of light before the eyes. She had had neuralgia from time to time. Since the age of 16 she had been subject to chilblains every winter, and always had a red nose. For the past three winters she had had swellings on the fingers, which became topped by vesicles, with sero-purulent contents.

They got better as the weather became warmer. The fingers and thumbs were symmetrically involved. Each of the elements evolved as follows: Small congested erythematous lumps, resembling chilblains, though less diffuse and more circular, and of about the size of peas, appeared on the backs and sides of the fingers. In the course of two or three days vesicles appeared on the top of these lumps, and their contents became purulent. (He showed an illustration of the same condition in the *Nouvelle Iconographie.*)* In the course of three or four weeks the condition gradually dried, and the scab fell off, usually leaving only a small depression, which subsequently disappeared. There was no scarring unless the lesions were injured. No lesions had ever appeared on the feet.

Associated with the numbness of the fingers and forearms, which heralded the attacks of migraine and the other neuro-vascular phenomena, these lesions must be regarded as an angio-neurosis of the same category as Raynaud's disease; and like it the attacks were determined by cold. What would be ordinary chilblains in another person had taken the form of vesicles in this girl, a lesion which he had shown elsewhere was an evidence of an irritative lesion in some part of the sensory tract.

The association of migraine, which is now generally regarded as an angio-neurosis, with red nose, with attacks of fainting, and with chilblains in former years, was most interesting, as showing that in this patient the vaso-motor apparatus was defective.

Dr. Walsh sent a case of *Myxœdema* (?).

In a young woman, æt. 20, unmarried, who came to the Western Skin Hospital

* Fournier: *Nouv. Icon. de la Salpêtrière*, Vol. V., 1892, p. 203.

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in December, 1895, complaining of a rash on face. She had been under treatment for "acne" for two years previously. She was well-nourished, but anæmic. Family and personal history fairly good. She had had some dyspepsia and constipation, and her father had suffered from rheumatism.

Skin.—A few inflamed papules on cheeks; scattered comedones over face, especially on nose.

Treatment consisted in removal of comedones, use of local antiseptics, touching papules with carbolic acid, and the administration of iron and laxatives in various forms. Two months later there was irritation of scalp, and the hair fell out freely. A diagnosis was made of acne vulgaris and seborrhœa of scalp in an anæmic subject.

Progress of Case.—Patient continued under treatment with slight improvement in local and general condition until July 10th, 1897, when she complained of swollen legs. The lower limbs were found enlarged, but did not pit upon pressure. Nothing abnormal was found in the urine; heart normal. Patient improved a good deal upon a mixture of five minims of tincture of digitalis, and ten minims of spiritus ætheris nitrosi thrice daily. In October she was given five grains of thyroid gland daily, increased to ten grains in November, and continued up to the present time (end of January, 1898). In July it was noticed that the features were much swollen, but marked improvement has taken place in that particular, as well as in the limbs. Patient also feels much better in health, "not so tired" as formerly.

Remarks.—This appears to be a case of myxœdema at an early age, leading to loss of hair. The patient had been so continuously under observation that the gradual enlargement of features had escaped attention until the swelling of the legs was complained of. No note was made in July, 1897, of the state of the thyroid gland, but so far as one can recall there was some slight enlargement. Certainly had there been any marked enlargement the fact would have been entered in the case book. At the present time, however, after three months of thyroid gland medication, the patient's thyroid gland has considerably enlarged. This fact makes one a little doubtful as to the myxœdematous nature of the case. On the other hand, there can be no doubt whatever as to the marked and definite improvement in the firm œdema of the features and limbs since the administration of the thyroid glands.

The opinion of the Society would be valuable upon the following points:—1. As to the myxœdematous nature of the case; 2. As to the enlargement of the patient's thyroid gland while undergoing a course of thyroid gland medication; 3. As to the relation of the loss of hair (and possibly of the acne) to the general condition, supposing that to be myxœdema.

Dr. Savill thought the evidence in favour of myxœdema was of the slenderest kind. There was no atrophy of the thyroid, the urine seemed to have only been examined once, and the fact of no albumen being found in the urine was not sufficient to establish the diagnosis of myxœdema. There was no record of the quantity of urea, and the character of the hair was against the diagnosis of myxœdema; what little baldness there was could be accounted for by sebacea. The puffiness might be due to anæmia, or possibly renal trouble.

The Chairman said he was disposed to agree with Dr. Savill's remarks. There was a tendency to solid œdema of the legs in many young girls of her age. Moreover, it constantly happened that albumen would be found in the urine in the

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evening and none in the morning. He had taken a series of observations, extending over two years, and found absence of albumen in the urine in the morning and presence in the evening after fatigue. Such cases did not answer readily to the ordinary treatment by iron, because he thought they were not given enough rest. Lately, in addition to iron, he had given chloride of calcium with great benefit. He had had only thirty cases to judge by at the present. There was in such cases no sign of any permanent kidney disease. He thought the anæmia, and the changes incidental to a young girl of her age, would sufficiently account for the symptoms.

Dr. Eddowes showed (1) a man, aged 55, whom he had shown in December last, with a large patch of *lichen hypertrophicus* on the lower part of his leg. All sorts of remedies had been employed, without benefit. The patient would not allow him to iron down the part with a cautery as he wished, and absolutely declined to take an anæsthetic, so he thought he would try the biniodide of mercury, a good old remedy often forgotten. He employed the Ungt. Hydr. biniodid. one part to three of vaseline, *i.e.*, one-quarter strength, and had been amazed at the rapid improvement which had taken place, and which must be obvious to all who had recently seen the case.

(2) A man, aged 38, an upholsterer, with dry, thickened skin, due to *myxœdema.* There might be a question as to calling it xerodermia, but there was none as to existence of myxœdema. The patient came to him for extreme roughness and dryness of the skin of the hands and wrists. He was rapidly recovering under the influence of thyroid extract. When he came for advice his collar measured eighteen inches, and was tight. There existed marked erythema of the eyebrows and cheeks, and a shiny condition of skin. His speech and manner were those peculiar to myxœdema. One thyroid tabloid daily was prescribed, and nothing else. On December 10th, 1897 (first day), his weight was 16 st. 10 lbs.; December 21st, 16 st. 3 lbs.; December 28th, 16 st. 1 lb., when he was ordered two tabloids per diem; January 11th, 15 st.; January 26th, 14 st. 7 lbs., and the skin was very much better. He used to spit phlegm in the morning, and blood occasionally through the day. This had been noticed for twelve months, but was now cured. No alteration in diet was ordered, and the tabloids still formed the only treatment. At one time he used to sit in the house in a dreamy state, and was unable to work, whereas now he was active and improved in every respect.

(3) A case for diagnosis. The patient was a man, aged 58, a

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cork-cutter by trade. His hands and forearms were bright red, œdematous, desquamating, and tender. They itched and burned, especially in the palms. The face was red and swollen. The scalp itched very much two days ago, and discharged a watery fluid. The patient had never known a cork-cutter to suffer in a similar way. He had been subject to asthma for fourteen years. He seemed in the first instance to have irritated his right palm at his trade. He admitted syphilis. The condition on his scalp looked like seborrhœa. The patient said the condition had been diagnosed as psoriasis, therefore possibly he had had chrysophanic acid applied locally. The man had no rash on his body worth mentioning, which was against the theory of psoriasis.

Mr. Pernet showed photographs of the two cases of leprosy observed by Dr. Dojmi in the Island of Lissa, Dalmatia.

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Wednesday, February 23rd, 1898.

An ordinary meeting of the Society was held on Wednesday, February 23rd, 1898, Dr. J. F. Payne, President, in the chair.

Paper.

Dr. Alfred Eddowes read a paper entitled

A CASE OF RINGWORM CONTRACTED FROM A HEDGEHOG.

The patient, a young lady aged 15, enjoying the best of health, consulted me on June 24th, 1897, for an eruption on her chin and the flexor surface of the right wrist. The eruption was entirely confined to these parts, and had existed from two to three weeks, having apparently commenced on both situations at the same time. The appearance of the disease is well seen in the photograph which I show you, and which I took at the time. I stained the spreading margin of the patch on the skin and at once confirmed under the microscope the diagnosis of animal ringworm which I had made from the clinical appearances which were quite characteristic. Considerable irritation of the patches was complained of. The edges of the rings were somewhat inflamed, scaling and minutely vesicular, and over the healing centres of the patches could be seen small, whitish vesicles occupying the mouths of a few of the follicles. On the wrist several outlying follicles were inflamed showing recent extension of infection—well away from the older circles. The eruption on the wrist seemed to have caused more reaction than that upon the chin; the latter being scaly, with scarcely any follicular exudation.

After being stained *in situ* with methylene blue, a few scales were removed for examination under the microscope. The way in which the fungus was penetrating into the horny substance was so well seen, and the characteristic manner in which the threads were becoming jointed and beaded and forming large oval and round spores, was so clearly seen, that I made a drawing of it, as the staining was only

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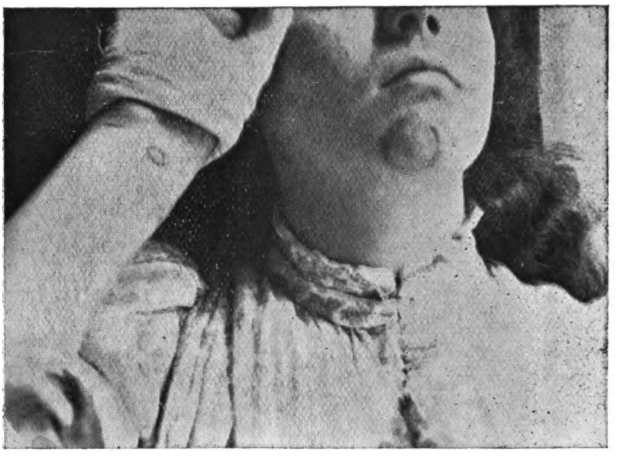

Fig. 1.

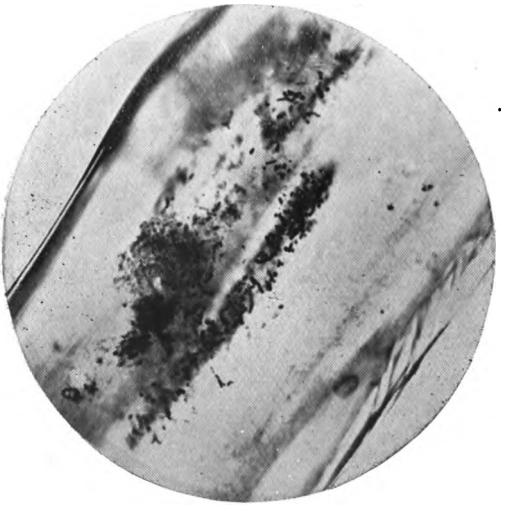

Fig. 2.

Dr. Alfred Eddowes's Case of Ringworm contracted from a Hedgehog.

Fig. 1.—Shows Ringworm on chin and right wrist of patient.

Fig. 2.—A photomicrograph of the fungus in a fine abdominal prickle of the Hedgehog.

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likely to remain good for a few hours. Unfortunately my drawing was lost, and I cannot replace it, as the scales were afterwards stained by a permanent method which to some extent destroys the finer details of the fungus.

Having no doubt, then, as to the nature of the disease, I made close inquiry as to the chances of the patient having come in contact with horses, calves, cats, or other animals likely to have had ringworm. I found that she had a pet hedgehog; that she had had this pet about a month and was in the habit of nursing it. Her eruption had commenced within a fortnight of the arrival of the hedgehog in the house, so I requested to see the animal. Next day, June 25th, I examined it. It was not until I could see the white slender prickles on his abdomen that I found any suspicion of disease. To obtain this view took a little time and coaxing. At the spot where the animal's nose fits in when he is curled up, the surface of the finest prickles were dull and granular. Some of them appeared more or less matted together and a few were split at their free end. A bunch of the suspected prickles was seized firmly with forceps, and a superficial examination with a strong lens showed that the prickles had here and there a faintly brown and granular surface. When stained and placed under the microscope, as some of you have already seen, the fungus found in and about these prickles presented precisely the same form as the fungus in the scales which I scraped from the young lady's chin. You will notice the little bulge upon the prickle now shown just where the fungus seems thickest in the substance of the prickle. There seems, then, no doubt that this hedgehog conveyed ringworm to the young lady. I shall be interested to hear if any member present has found a similar case on record. When we come to reflect that the prickles of the hedgehog are composed of horny substance such as we see ringworm flourish in, and that the abdominal prickles of the hedgehog are comparatively soft, constantly protected from the sunlight, kept warm and frequently breathed upon, and therefore moistened like a respirator, we might indeed expect that they would form a good cultivating ground for the fungus. Since the investigation of this case I have asked several friends to make inquiry as to the existence of similar cases. One of my medical friends, Mr. Fallows, sent me scrapings from a case which he thought was favus caught by the wife of a medical man from a pet hedgehog.

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The scales sent were stained by me, but I was unable to find more than a few bodies, which might have been fungus spores, but they were too few and too scattered for me to establish a diagnosis. I have since learned that the case had been under treatment some time, so it is easy to see how I failed to settle the point. Thanks to the kindness of Mr. Fallows and the owner of this particular animal, I am able to show it to you to-day. It seems to me to have a condition like pityriasis and to smell mousy.

I remember when living in the country as a boy that I occasionally saw dogs, generally fox-terriers, with swollen mouths and faces, and inquiry usually elicited the information that they had killed a hedgehog. At that time I supposed that the inflammatory condition of the dogs' faces was the result of mechanical irritation of the prickles, whereas now I should suspect inoculation with an irritant. One word as to the nature of the fungus. Some may suspect that it was favus in my case, I therefore show in the next lantern slide what I believe to be favus infecting the scales of the skin of another young lady patient of mine whom I saw a month ago. I suspect that she caught it from a monkey, but I have not yet been able to examine the suspected animal. The distinction between the two fungi is fairly well marked. The clinical appearances were different, and the reaction of the affected areas was not the same under treatment. But this is not a suitable opportunity for discussing the difficult and large question of the botany of ringworm and favus. That must be postponed to a future occasion. In conclusion, I would suggest that this subject is worthy of careful inquiry, as we know that hedgehogs are fond of grass fields, and if they can become cultivators or hosts of ringworm, it is easy to imagine how they may convey it to horses, cows, and calves. To calves it is a serious matter, as they, I am told by some of the ablest veterinary surgeons of the day, contract ringworm easily, and sometimes die of it. I have known a case of Tinea circinata appearing upon the cheek of a parlour-maid in a large family; she had nothing to do with cows or other animals, and there was no history of ringworm obtainable to account for her infection. I asked her to look round among her friends and neighbours for any disease presenting similar circular patches. In two days a farm labourer presented himself in my consulting-room with two patches of ringworm on his forehead. His

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astonishment was great when I asked him if he came from a certain farmhouse. He wondered how I knew him, as he had never seen me before, and as a matter of fact I had never seen him previously. I surprised him still more when I informed him that he was fond of the parlour-maid, that he was an inexperienced cowman, and had neglected to wear a cap, or to put it on properly for milking, a matter which every old hand at milking understands.

It has been suggested that our friend the hedgehog may have contracted the fungus after being received into the patient's house. I therefore add a little history of the pet. He was full-grown when caught wild in the field, and taken home by my patient. The rash began on the young lady about a fortnight later, and I saw her at the end of a month. The animal soon became tame, and was caressed. Had he been tame when received into the family, probably the young lady would have shown the rash sooner. He was nursed upon the right wrist, and the fact that the wrist had several centres of infection, as compared with the one focus on the chin, is very suggestive of the abdominal prickles being the infecting instruments. I much regret having lost sight of this animal, owing to the young lady's father sending him back to his grass fields before I had time to see the importance of preserving him for further investigation.

Clinical Cases.

Dr. Stowers showed (1) a woman, æt. 43, with *Lupus erythematosus* of the scalp of eleven years' duration. The case was interesting because in the majority of instances erythematous lupus of the scalp was accompanied by lesions on the face or ears. In this case there was no disorder of the skin elsewhere. The patient had but quite recently come under treatment. There was nothing of interest in the family history.

Mr. Hare asked if Dr. Stowers would give the result of his experience of the treatment of Lupus erythematosus by the injection of the new tuberculin. He, Mr. Hare, was cognisant of a case of a lady who suffered very much from this condition on the face, and had gone to Hamburg, where she was subjected to injections, he presumed, of the new tuberculin, and he had heard that she was quite cured. If it was successful, they should hear more about it than they did.

The President said he had no experience of the new tuberculin, but some years ago, when Koch's original tuberculin came in, he saw several cases of Lupus

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erythematosus treated by it. In some of the cases a very good effect was produced, but in others no benefit seemed to follow.

Dr. ABRAHAM said he had no experience of the new tuberculin. With the tuberculin of Koch he had at one time treated a large number of cases, some of which improved under it, while others did not. He would like to ask the President and Dr. Stowers whether they had any experience of erythematous lupus having attacked the eye. Some months ago he showed a woman, æt. 60, as a case of Raynaud's disease. She had great involvement of the fingers, and blotches of erythema about the prominent parts of her face. The general opinion of the Society coincided with the diagnosis then suggested. But it had now developed into a typical case of erythematous lupus about the face and hands, and within the last few weeks the inflammation had spread to the eyelid, and then on to the eyeball. He sent her to Moorfields, and regretted to say that a quantity of pus formed in the anterior chamber, and it was feared she would lose that eye altogether.

Mr. PERNET wished to point out that the injections carried out at Hamburg on the patient referred to by Mr. Hare were not necessarily the new tuberculin.

Dr. STOWERS said he had no experience of the new tuberculin, but his observations in connection with that of Koch agreed with those of the President and Dr. Abraham. He would say that the minority of the cases only were benefited, and then not permanently.

As to erythematous lupus affecting the eye, he had never seen a case, but he believed the subject was referred to in Hebra's descriptions of cases which proved fatal some years ago.

(2) A boy, æt. 9, the subject of *Lichen ruber planus*. There was not enough of the eruption now present to prove the diagnosis, but undoubtedly three weeks ago he had the characteristic lesions of the disease upon his left wrist and hand. The two points of interest were that the eruption had only existed five weeks, and that the characteristic papules had occurred also upon the cheeks and face. Itching was not complained of.

(3) A case of *Multiple circinate papulo-tubercular dermato-syphilis*. The patient had been a soldier in India, and contracted syphilis from a native. He was treated by the army surgeon for five months, and then invalided home in consequence of the disease. He was subsequently treated by the doctor on his way home, and in Netley Hospital. He had quite recently been in the Highgate Infirmary. There now seemed to be a distinct recrudescence of the disease on the face and trunk. The question of interest was whether the patient had not had enough treatment to neutralise the poison, or whether, apart from treatment, there was any special inveteracy in relation to syphilis obtained under such conditions. The patient mentioned that

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on the day of his return to England he had three so-called epileptic fits, but none since.

Dr. J. L. Bunch, introduced by Mr. Pernet, showed an infant the subject of *Sclerema*. He said the case was brought to Dr. Garrod's out-patient department, in Great Ormond Street, on 17th January, for the first time. The mother had noticed a week previously that it had a peculiar hardness of the buttocks and back. It had not been noticed by the midwife who attended the mother; but though the mother had only noticed the condition for a week, she was not sure that the condition had not been present longer. The mother had had six other children, all healthy. There was no history of unusual privation, and no syphilitic history could be elicited. The labour was difficult, but not instrumental. The father was English, and the mother Irish. The child was breast-fed and took its food well. There was nothing abnormal in the chest or abdomen. There was massive induration of the buttocks, with a sharply-defined border running down the outer surface of both thighs, but more marked on the right side, and some induration of the lower dorsal region. It was not completely symmetrical on the two sides. The anterior aspect of the body presented nothing abnormal. The area of induration had not increased during the last ten days. No pitting could be elicited on pressure. During the past two years four such cases had been brought to Dr. Garrod's clinique, and all had recovered. The temperature of this case in the rectum was 96·6° F. 95° F. was said by Somma, in a monograph on the subject, to be the lowest temperature consistent with a favourable prognosis. Sometimes these cases had a temperature of only 73·5° F., but were then invariably fatal, usually within the first week.

The President said the case was of very great interest, and somewhat unusual from its limited area. Instances of it were very rare, therefore it was not safe to generalise, but in the very few cases he had seen the condition was very much more universal than in the present case.

Dr. Abraham also referred to the indebtedness of the Society to Dr. Bunch. He had never seen a living case before, and he understood the subjects of the condition always died shortly after birth. He thought that the affection in this infant was sclerodermia, and that it scarcely fitted in with the description and pictures of Sclerema neonatorum. He suggested that Dr. Bunch might try the thyroid gland treatment.

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Mr. PERNET said the case did not agree with the descriptions he had read. It was so very limited, and, in his opinion, was not a case of Sclerema neonatorum.

Dr. ABRAHAM showed (1) a case for diagnosis. The infant was brought to the West London Hospital three weeks ago, and he was at a loss at the time to give the affection a name. There were a large number of pustular discrete lesions on the buttocks, dark in colour, reddish, and crusted, many of them half an inch in diameter. They did not appear to him like syphilitic lesions, nor did they look quite like those of impetigo. Next time the child was brought he ordered Hydrarg. cum Cretâ, half a grain twice a day, and some antiseptic ointment, under which the lesions had improved very much, and had practically now disappeared. Possibly the lesions referred to might have been called *ecthymatous*. There was no ulceration.

Dr. STOWERS said that, without losing sight of the possibility of rare conditions coming under observation, he would not be inclined to regard the child as suffering anything unusual. They were very familiar with the disorder known by the names Lichen pruriginosus, prurigo of children, Lichen urticatus, &c., which was attended with itching, and the development of papules, wheals, vesicles and pustules. He regarded the case as one of prurigo of children, aggravated by pus inoculation. When itching was the essential feature of the condition, such as in the case before them, he thought it wise to take that as a determining factor in the nomenclature, and so the term prurigo of children seemed most appropriate. The other manifestations of the condition were merely accidental.

Dr. SAVILL said he was inclined to agree with Dr. Stowers, and thought that if the case were watched sufficiently long the more characteristic eruption of papules and urticarial wheals would be seen. When he saw a case which showed nothing but the papules, he wondered why it should be called Lichen urticatus; and when he saw a case with perhaps nothing but urticarial wheals, he could not see why it should be called Lichen infantilis. He suggested that the term used, he thought, by Mr. Waren Tay—viz., Lichen infantilis—was as good as anything they could have, because there was nothing so uniform in the condition as the age at which it occurred.

Mr. PERNET did not consider it advisable to add another lichen to the list. The tendency was all the other way. The term lichen should be reserved for well-defined conditions, such as Lichen planus. Nor should the term prurigo, in his opinion, be employed as a synonym for pruritus. It would lead to confusion with Willan's and Hebra's Prurigo.

The PRESIDENT said he would be inclined to agree with Dr. Stowers's diagnosis of the present case. He was afraid the nomenclature was too large a subject to embark on on that occasion. He thought there were great objections, as Mr. Pernet had pointed out, to calling this disease lichen. But there seemed an equally strong objection to calling it urticaria, because urticarial lesions were not a constant symptom. Moreover, there were objections to calling it prurigo, because it was different from Hebra's Prurigo. Still, considering that one met with a

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case of Hebra's Prurigo perhaps once in a thousand cases, it might not be desirable to reserve that term specially for so rare a condition, and so, by calling this disease infantile prurigo, one got as near as possible to a suitable name. He always wished that skin diseases could be called perfectly unmeaning names, such as "X," and then there would be no dispute.

Dr. Abraham reminded the Society that the lesions for which the child was brought had nearly all disappeared. If he had seen the case for the first time that evening he would have inclined to the same view as had been expressed. It was quite possible the child might have Urticaria infantilis, and yet have, in addition, an impetiginous or ecthymatous eruption. He pointed out that Mr. Tay used the term "prurigo of children," both he and Mr. Hutchinson maintaining that the first thing seen was the "lichenous" papule which the child scratched, and that the urticarial wheals were secondary. He believed that Dr. Colcott Fox's strong view was that the affection should be called the "urticaria of childhood," and that the papules were secondary. When Professor Kaposi was at the International Dermatological Congress in London, he was shown several cases of the kind, and he said distinctly that he would consider them commencing cases of Hebra's Prurigo, papules, &c., appearing later. The experience in this country was that they did not, or at any rate very rarely, develop into Hebra's Prurigo.

(2) A middle-aged man, who presented himself at the West London Hospital a week ago with a mass of papules and pustules on the right side of the face and the nose, with one or two discrete papules elsewhere. It looked very much like a *syphilide* at first, and his impression at that time was that it was an instance of a nodular syphilide. Later inspection, however, led him to the belief that it was *Acne rosacea*. He had been treated for the latter disease, and the improvement had been very marked in the last week. There was no history of syphilis, although, of course, he did not always attach much importance to the absence of such histories.

Dr. Savill showed for diagnosis a male, aged 68, with an *Ulcer on the bend of the elbow*. The patient had presented himself two weeks previously with an insignificant general eczema scattered about him. The ulcer started in the bend of the left elbow, at the beginning of January, as a little hard pimple, which gradually spread and broke down. When he first saw it, two weeks ago, it appeared to have the characters of a hard sore. It had very slightly improved under simple mild ointment, without any constitutional treatment. There was no reason to suspect syphilis in the case.

Mr. Buxton Shillitoe did not think it was of syphilitic origin. He would be inclined to regard it as an ordinary sore, which had been irritated or poisoned by

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coloured flannel or dirt. If it were syphilitic, there would probably be enlargement of the glands at the elbow and axilla.

Dr. STOWERS agreed with Mr. Shillitoe, because, if it had been syphilitic, in the absence of treatment there would have been some secondary eruption by this time to confirm it.

Dr. EDDOWES showed a little girl who had only that afternoon been brought to him for advice. The child looked delicate. The history was that she was quite well until six or eight months ago, when she caught a bad cold. The lip was affected by the nasal discharge, and had never completely recovered. There had been more or less redness and thickening of the upper lip ever since. There were many patches of eczema about the body, which the mother said first appeared on the buttocks. He ascertained that there had been recent suppuration under the nail of the thumb of the right hand. Probably this infected hand had carried infection from the nose to the uncovered buttocks. His opinion, therefore, was that it was of no use trying to cure the eczema until the child got rid of the nasal catarrh. He thought this case closely resembled those which Dr. Savill had inquired into, and which he called peri-oral, or, as the speaker suggested, *circum-oral eczema.* It was essentially an impetiginous affection. He intended to apply ointment inside the nose as well as upon the rash.

The PRESIDENT referred to the case of a patient with two sarcomata of the skin, which he had shown before the Society two months ago.* The growths had been demonstrated to be spindle-celled sarcomata, and Mr. Anderson had removed them with the most perfect success. There was a good scar, and no signs of recurrence at present. He thought it would be of interest to members to know this, seeing that there was sometimes great difficulty in dealing with multiple sarcomata of the skin.

Dr. A. EDDOWES showed by the lantern a photograph of a case of *Folliculitis necrotica,* and drew special attention to the blood-crusts, which were very numerous and showed well how pruriginous this rare affection is. He had seen only three cases of the disease, and all were strikingly similar in all points.

* *Brit. Journ. of Derm.*, January, 1898, p. 15.

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Wednesday, March 23rd, 1898.

A MEETING of the Society was held on Wednesday, March 23rd, 1898, Dr. J. F. PAYNE, President, being in the chair.

The PRESIDENT showed (1) a woman, aged 65, the subject of *Leprosy*. She came from Mitau, near Riga, in Russia, and had been in London seven years. She said that the illness began five years ago, therefore they might conclude that the disease was in a state of incubation before the patient arrived in this country. The family were perfectly well, and there was no history of any other person in the house being affected. The patient's mother and father belonged to the middle class, and were healthy people. She persistently denied that at any time she had a blotchy skin. The first definite symptoms seemed to have appeared five years ago, when her nose felt stuffed up, her lips thickened, and there was some swelling of the eyelids. She could not give the date when the hair of her eyebrows and lashes was shed. Her feet became painful two years ago, and caused difficulty in walking. There was now a patch of ulceration on the right foot, which the patient attributed to the X-rays which had been used upon her for a therapeutical purpose. Though the skin of the soles of the feet was thickened, anæsthesia was only present in a limited degree. There were dark reddish-brown patches in various places, and a good deal of thickening of the skin, while on the feet there were nodules. He would be glad to hear suggestions as to treatment, and would like to ask Dr. Abraham whether the Baltic was a district recognized as a centre for that disease. He was now treating the case with Chaulmoogra oil.

Dr. ABRAHAM, in reply to the President's question, said the district referred to was a centre for the disease, and there were a considerable number of cases there now. The woman before them was the Tottenham Court Road case of Dr. Oscar Levy, which was the subject of a prominent article in the *Daily Mail* about two months ago, in which the difficulty of accommodating such cases was pointed out, and the statement made that she had been refused admission at several hospitals and homes for incurables. The son seemed anxious to pay something for her support, but did not know what to do with her. He (Dr. Abraham) was requested

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to see the case four or five weeks ago by the *British Medical Journal*, and it was easy to confirm the diagnosis. As no examination for bacilli had then been made, he suggested that one of the nodules on the skin of the leg should be examined, and also the nasal mucous membrane. This was done by a student at the Middlesex Hospital, who made some very good preparations of the bacilli. A point of interest in the case was that the hands were very little affected, the worst parts being the legs and face. He noticed an extra amount of induration of the skin of the face since he first saw the patient. That often happened in leprosy, œdema and thickening coming on somewhat rapidly. As to treatment, he need hardly say that that subject was most unsatisfactory at present. Dr. Carrasquilla, of Bogota, made observations on cases treated with horse serum, the animals having been injected with the blood of lepers, and he claimed to have cured some 100 cases in that way. The serum had been used largely in America and elsewhere, and Dr. Carrasquilla attended the Berlin International Congress, and read a paper on the subject. He thought he was correct in saying, however, that the conclusions of Dr. Carrasquilla were not accepted. Dr. Herman and he had prepared a serum on somewhat different lines in a horse, and tried that on a few cases. Two of the cases had certainly not got any worse, but further than that he was not prepared to go. Dr. Herman was more hopeful in the matter than he was himself. It had had a very good effect in a case of anæsthetic leprosy, at Robben Island, in which a man whose arms were quite paralysed recovered some power in a few weeks. Except in that case he did not think the treatment had been so far of much use. Probably they were on the right lines, but he believed that at present there was no Royal method of curing the disease. He understood Dr. Crocker had been treating cases by the intramuscular injection of mercury, and Mr. Pernet had shown to the Society last year a case which seemed to have improved very much.* Still, it was common for cases of leprosy, which went back afterwards, to appear to improve for a time. He doubted whether any drug could cure leprosy, but he believed most benefit was derived from Chaulmoogra oil, if the patient could take it. Mercury has been over and over again tried to an enormous extent without benefit.

He would like to mention the extreme difficulty in this country in looking after such cases. During the last year he had been written to four or five times (twice by the Local Government Board) about cases of leprosy. He did not know what to do with them. He had often to tell his correspondents that the general hospitals would take them for a time, until all the students had seen them and they had been lectured about, but no one could keep a case of leprosy for long, and they would ultimately have to drift into the Poor-Law Infirmaries. At the present time there were twelve or fifteen cases in the infirmaries, where they generally died; but there were many cases which did not like to go to those institutions, and could afford to pay a small sum. There was an immense want for an annexe, such as that at the St. Louis Hospital in Paris, where not only leprosy but also other cases of chronic skin disease might be cared for. He (Dr. Abraham) had already recommended two cases to be sent to the St. Louis Hospital, but he would not be surprised if the French Government interfered very soon, and considered that they had another grievance against "perfidious Albion" for sending her lepers there.

* The case referred to was shown by Dr. H. Radcliffe-Crocker himself at the Annual Meeting, May, 1897. (*Vide* vol. iii. Transactions, p. 147.)—[EDITORS.]

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Mr. PERNET said, with reference to the treatment of leprosy, that he had had opportunities of watching several cases under the care of Dr. Radcliffe-Crocker, and he was satisfied that intramuscular injections of perchloride of mercury had a favourable and restraining influence on the disease. Whether a complete cure could be obtained in this way the future would show. In any case this method of treatment was encouraging and well worth trying.

(2) A man, æt. 45, a patient at Blackfriars Skin Hospital. He had been shown to the Dermatological Society of London on March 9th. The case is reported in *British Journal of Dermatology*, April, p. 142. Dr. Payne was at first struck with the resemblance of the eruption to *Dermatitis herpetiformis* in the early stage, and at the sister Society the same remark was made by two authorities. During the past fortnight he had greatly improved. He had taken quinine internally and had been ordered baths of sea-water, which had been apparently very beneficial. A large number of the patches had quite disappeared and there were fewer new ones.

Dr. ALFRED EDDOWES looked upon the case as one of Erythema multiforme. He had lately had a case in his own practice the appearance of which was almost identical with that of the drawing of the same affection in the Saint Louis Atlas. In the case now before them the blood-stained crusts were not so marked as they were in his own case, which was acute.

Dr. F. RUFENACHT WALTERS showed (1) a woman, married, æt. 40, the subject of *Myxœdema*. She came under his care in June, 1894, with symptoms pointing to myxœdema—the characteristic facies, slowness and clumsiness of movement, thickening of the hands, and slight mental sluggishness. These symptoms had been growing upon her for some two years before she applied for advice. She was troubled with constipation, but there was no albuminuria or anasarca; the thyroid was small. She had been under treatment, on and off, since then, for some months at a time, with thyroid tablets, and on each occasion with improvement. This time, however, the treatment by thyroid did not seem to have had so much effect upon the swelling in her hands, etc. He hoped to hear suggestions as to treatment under the circumstances he had narrated. She had been taking one tablet a day; more caused headache, though at one time she could take more without discomfort.

Mr. PERNET said that the ultimate cause of the obsolescence of the thyroid was not known.* He would, however, suggest that involution or arrested development

* Ord, in Quain's "Dict. of Med.," 1895, p. 183.

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of the genital organs (testes—ovaries) probably played a part in the production of myxœdema. Darwin,* quoting Owen,† says "emasculation produces the same effect on him (man) as on the lower animals, for it arrests that prominent growth of the thyroid, etc., which accompanies the elongation of the cord." In the case before them the patient was approaching the menopause, as was the rule in the cases he had seen of myxœdema in women. There was no doubt of the correlation that existed between the state of the skin and subcutaneous tissues, and the genital apparatus. He referred to what obtained in the domestic animals (spaying and obesity, etc.), and also to the descriptions of Oriental and other eunuchs, and of the male members of that peculiar Russian sect, the Skoptzkis. The connection between the genitalia (the female at any rate) and the thyroid was no new idea, but he did not think that it had received sufficient attention in myxœdema and sporadic cretinism.

Dr. Seymour Taylor (introduced by Dr. Abraham) said he had seen many cases of myxœdema in his out-patient work; he might say he was never a month without a case. Last month he had one male and four female cases, and he had had the same result as complained of by Dr. Walters—that after a time the thyroid seemed to be inert. It might be that the chemists sometimes rendered inert some of the active principle of the thyroid gland. To obviate that he had had recourse to the actual gland. He had ordered the trachea and appendages intact, and himself dissected out the glands, which were of the size of almonds. These he had minced up finely and spread on bread and butter, and given to patients with a cup of tea. He had found great relief follow the taking of the raw gland in that way, and much quicker than with the preparations on the market. When the climacteric of the patient before them approached she might have severe hæmorrhages from the gums, subcutaneously, or uterine. A relative of his, aged 77, was now suffering from myxœdema, and she had had severe uterine hæmorrhages, although there was no malignant growth. He had felt that the term myxœdema was a misnomer. He believed the word was applied by Dr. Ord on the basis of a report which was sent in to him by a very able physiological chemist (since deceased), that there was an excessive amount of mucin in the tissues. Sir William Gull, in drawing attention to the disease some twenty years ago called it a cretinoid condition supervening in an adult woman; this he (Dr. Taylor) preferred to the name myxœdema, or he would suggest that a nomenclature should be substituted by which Gull's and Ord's names might be associated.

Dr. Walters mentioned that a point of some interest in the case, after the remarks which had been made, was that the menstrual function had remained regular, but was somewhat excessive.

(2) A man, æt. 51, a porter, the subject of *Lichen planus*. The patient came under his care on February 16th last, with the story that a month before a dog tried to bite him, and bruised his leg without causing an abrasion. There was also a history of his having been nearly run over three weeks before that, and when he presented himself to him (Dr. Walters) there was a Lichen planus

* "The Descent of Man," Ed. 1890, p. 566.

† "Anat. of Vert.," Vol. III., p. 603.

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eruption. The seat of the attempted bite showed two large patches somewhat different from the others. The eruption was roughly symmetrical, but there was considerably more of it on the left leg, the seat of the bite, than on the other side. As the lesions disappeared they left stains behind them. There was a swelling over the metatarso-phalangeal joint—probably much standing had impeded the circulation.

The PRESIDENT thought it was a typical case of Lichen planus. The patient might have had a commencement of the eruption before the dog-bite, and the bite might have determined the point of chief manifestation. He had seen people with scratches caused by a cat, each scratch being the seat of a row of Lichen planus papules.

Mr. FREEMAN said he saw a patient a short time ago who had just been sent back from Paris, having there undergone Pasteur's treatment. He had never had a skin eruption in his life, but two or three days after his return he had an acute attack of Lichen planus. This seemed like cause and effect.

Dr. WALTERS, in reply to a question, said the patient was at present under tar-ointment applications, with salicylate of soda internally. No arsenic had yet been given.

Dr. PHILLIPS-CONN said he had had an old lady under his care for the last month or two with a typical Lichen planus eruption in circular form, in the palms of both hands, and on the wrists; the only other way in which it had manifested itself was in a few spots on the face. He was interested in Dr. Walters's case, because he was anxious to get some hints as to treatment. His own patient had been treated sedulously with arsenic, and while the old lesions cleared up, new ones constantly appeared. He treated the hand with Unna's salicylic plaster, which removed the epidermis, and allowed other remedies to have more effect than they otherwise would. The case was better now, but he could not say it was cured. He had not tried salicylate of soda, but intended doing so.

Dr. EDDOWES reminded the Society that he had twice shown a case of Lichen planus recently at short intervals. The patient had been under other medical men, had taken a good deal of arsenic, and had applied locally a number of remedies without benefit. He declined to submit to any operative treatment, consequently Dr. Eddowes applied an ointment composed of two drachms of the biniodide of mercury ointment of the Pharmacopœia to the ounce of vaseline. Very obstinate spots might be treated with the ethylate of sodium, or a solution of acid nitrate of mercury, but of course all these remedies should be applied with skill and caution.

(3) A young man with an eruption (for diagnosis) and a swelling of the left ulna and radio-ulnar joint. He had been under observation since 1894, when he came with what appeared to be an attack of influenza. Since then he had remained persistently anæmic, and for a long time tubercle in the lung was suspected, but little could be found. There was no expectoration, and no typical symptoms of

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tubercle. Some of the spots seemed to be closely associated with the sebaceous follicles.

Dr. T. D. Savill showed a young man the subject of *Purpura.* He was 20 years of age, and had always had a healthy existence, until last summer, when he was operated upon for appendicitis, from which he made a good recovery. About December 7th, 1897, the eruption first appeared, and since then it had come out every week, lasting three or four days; and then after an interval of three or four days reappearing. On February 28th he put the patient on large doses of calcium chloride—20 grains three times a day, and there was an immediate improvement. No fresh crop appeared until ten days afterwards, and then only a few spots. The eruption consisted of small circular and round petechiæ, varying in size from a millet-seed to a pea, which were chiefly on the extensor surfaces of the limbs and on the back, with a few on the abdomen. It was accompanied by no kind of subjective sensation, and he kept at his work and took an active part in volunteering. He hoped some member would be able to throw light on the ætiology of the condition. The patient's occupation was that of "light porter," and there was absolutely no kind of clue in the family or personal histories. His mother was said to be "rheumatic," but the patient and his family had been free from illness of any kind. The patient was not dyspeptic, and was in perfect health at the time when the eruption first appeared; it would have escaped notice altogether had he not seen the little spots, for they caused him no inconvenience whatever. He had taken iron, quinine, and various remedies before the administration of calcium chloride. The brown stains of old spots could still be seen.

Dr. Seymour Taylor showed an infant, the subject of a *bromide eruption.* The case was brought to him on March 14th. The child was seven months old, was irritable, and dentition was in progress. The lower incisors were through, but the upper incisors had been lanced by the medical attendant, but without benefit. The child was very feverish and would not sleep, the intestinal canal was irregular, and the stools offensive. He gave it a simple carminative mixture, adding two grains of bromide of ammonium. Two days after commencing this, the rash appeared, and was well-marked on the

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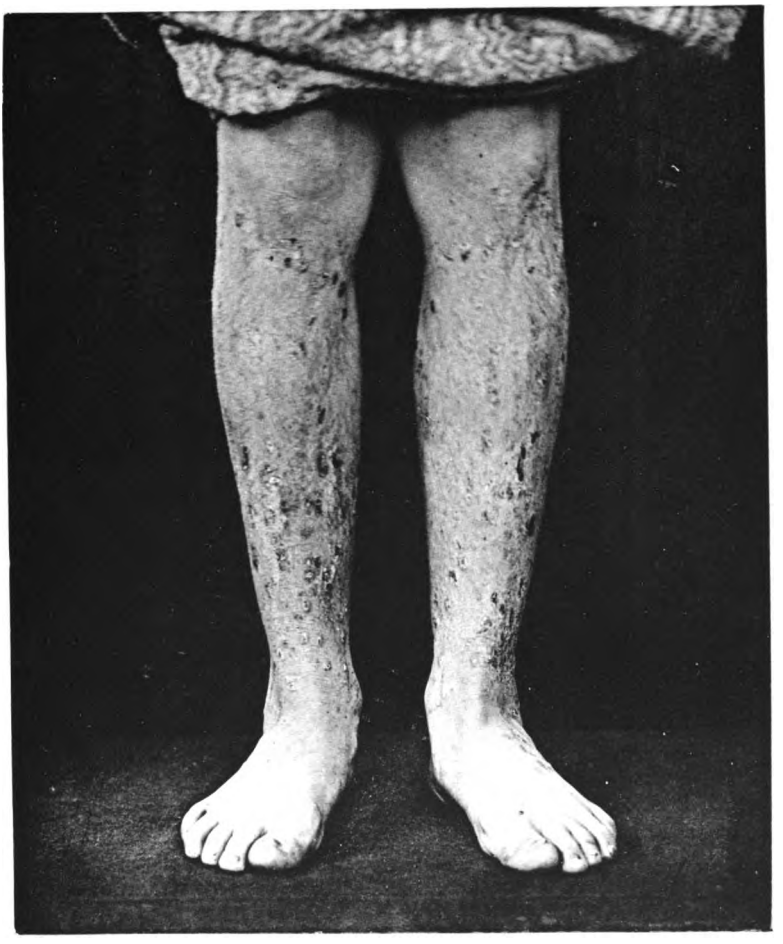
Plate IV.



To illustrate Mr. WILLIAM ANDERSON'S case of Erythema Induratum (?).

From a photograph by Mr. E. H. Cobb, L.R.C.P., M.R.C.S.

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forehead, and there was an extension to the scalp and to some extent to other parts of the body. The child had been very greatly relieved by the treatment, although the rash was still well-marked on the tenth day of treatment.

The PRESIDENT expressed the indebtedness of the Society to Dr. Taylor for bringing the case forward.

Mr. W. ANDERSON showed an unusual case of chronic eruption of the legs in a young woman, for diagnosis. He made the following remarks on the case:—

The patient I have the privilege to show to-day will be recognized by some of the members present, as she has already appeared twice before the sister Society, the Dermatological Society of London. On both of these occasions none of the gentlemen who examined the case ventured to give a name to the disease, and I now submit the case a third time, partly to elicit a discussion of its character, and partly in order that a permanent record of it may be published in our Transactions, for comparison with any examples of the disease that may come under observation in the future.

The patient, a domestic servant, aged 24, is a pale, slender, and somewhat undersized girl, with a history of phthisis on both sides of the family, and suffering during the last four years from atrophic rhinitis. The skin eruption began eighteen years ago, while she was living in India, and has since gradually extended over its present area, always limited to the legs, increasing with extreme slowness, but exacerbating slightly in the spring, occasionally breaking down into superficial ulceration, but never undergoing any material improvement.

The eruption is fairly symmetrical, definitely confined to the legs, reaching upwards as far as the knee and downwards to the ankle, slightly encroaching on the dorsum of the foot. The more recent lesions, those nearest the knee and ankle, have a diameter ranging from a quarter to half an inch; they are irregular in outline, elevated above the general surface, white to pale pink in colour, and firm to the touch. The older patches near the middle of the leg are larger, redder, and flatter, and some bear marks of past ulceration. They are neither tender nor painful, except in a period of active inflamma-

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tion, and there is no irritation beyond an occasional slight pruritus. The skin between the spots is of normal character (*vide* Plate 4).

On histological examination of an excised patch, the changes were found to consist mainly of bands of fibrous tissue, probably cicatricial in nature, intermingled with small cell growth. No tubercle bacilli could be detected, but it is proposed to repeat the investigation on a larger scale.

The symptoms have been extremely intractable. Local applications of almost all kinds have been employed with uniform want of success. Prolonged rest, good diet, sea air, and a variety of drugs, have been equally unavailing. Nothing appears to affect the condition materially, either for better or for worse.

There can be little doubt of the tuberculous nature of the eruption, but its cause, distribution and character are altogether peculiar. The history, age and sex of the patient, the limitation of the affection to the legs, and its chronicity, recall the Erythema induratum of Bazin, but the individual lesions are quite unlike those we are accustomed to see in that disease. It may, however, be an allied affection modified by a tendency to hypertrophied scar tissue.

I can only submit the case to the Society for opinions as to diagnosis and suggestion as to treatment.

Mr. Buxton Shillitoe asked whether iodine baths had been used in the case.

Mr. Anderson, in reply, said an iodoform bath was one of the last forms of treatment tried, the patient being kept in it for a fortnight, but without improvement. The opinion expressed by Dr. Pye-Smith coincided with his own. In its distribution he thought it bore more resemblance to Bazin's disease than to any other, and it was quite possible that the spots in Bazin's disease might undergo keloid transformation in the lesions of Erythema induratum, and would induce very much the appearance of the present case.

Dr. Eddowes showed a case of *arsenical Pigmentation*, due to the fact that a secondary syphilide had been treated as simple psoriasis. When the patient came under his care he exhibited the typical white tongue, and œdematous lower eyelids, in addition to the dark brown spots all over the body, and complained of some discomfort in the throat. Photographs of the case, which had been taken by Mr. Fallows, showed that improvement was already taking place, and that the colour of the stained spots was fading.

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Dr. ABRAHAM showed two men, patients at Blackfriars, (1) one having a very typical and extensive *Herpes zoster* occupying the left deltoid region, and extending over the back and chest.

The other (2) was a case of *chronic Eczema.* He had had eczema ever since he was a child, and there were curious rupoid crusts in many places. These individual lesions would lead to the suspicion that the case was specific, but they were very itchy, and there was no other indication of syphilis.

(3) A case of *Impetigo annulata* in a girl, on whom there were rings on the back running together. He had shown a well-marked somewhat similar case of what he called Impetigo annulata to the Society some years ago, when Dr. Crocker was present, who then admitted that it was an impetigo. He (Dr. Abraham) was asked at the time by some of the members, on account of the annular character, whether he had sought for the trichophyton of Tinea circinata. A year later Dr. Crocker read a paper on the subject before the Clinical Society of London, and he called the affection Impetigo gyrata, evidently the same form of disease. He (Dr. Abraham) had seen one or two cases since his first case, and there was no doubt that they were to be looked upon as a peculiar variety of impetigo. It commenced on the scalp of the present child three weeks ago, and then appeared on the back. A little sister had become inoculated, and now the mother appeared to have become affected. The eruption on the back looked very like Tinea circinata, or possibly a form of Eczema seborrhœicum, but he believed it was really a staphylococcus infection.

(4) A middle-aged woman, with a patch on the nose, which was thought to be either *seborrhœic Eczema* or *erythematous Lupus.* Since he first saw her a crust had been removed, leaving no doubt that it was the latter disease.

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Thursday, April 28th, 1898.

A Meeting of members of this Society was held on Thursday, April 28th, 1898, Dr. R. L. Bowles, Vice-President, in the chair.

The Chairman made sympathetic reference to the recent death of Mr. Edward Cotterell, F.R.C.S., one of the original members of the Society.

Dr. Savill showed (1) *a case of vesiculo-necrotic eruption of (probably) angio-neurotic origin.* He said it was a case of very considerable interest, and had puzzled many who had seen it. He exhibited a picture which was produced under the direction of Dr. Bolton Tomson, of Luton, under whose care the patient had been for the most part, and by whose kindness he (Dr. Savill) was able to show the picture. Fortunately, the patient was now cured, and he had brought her up to exhibit the scars, which of themselves were interesting. Her age was 52, and she was the mother of four healthy children, also of one paralysed and unable to speak at the age of fourteen (the youngest); two children died at birth, and one was born dead: a total of eight. There was nothing of importance in her past history, and nothing pointing to syphilis, unless the facts as to the births were regarded as suggestive. He was not inclined to regard the grounds as sufficient to establish such a diagnosis. The history of the eruption was as follows:—At Christmas, 1895, she noticed some small spots upon her left wrist, which became vesicular. He saw her in the spring of 1896, when there were a few vesicles on the dorsal surface of the left wrist, and in places these vesicles had broken and left either ulcers or sloughs. The eruption spread, but not so badly as depicted in the picture. It then got better, and as it healed, in May, 1897, the face became affected. In June, 1897, as the face got well the left leg was attacked; and as the left leg got better in September, 1897, the right arm was attacked. She had never during all this time been quite free from it, though it got quite well in one place as another was affected. In November, 1897, as the right arm got well the left arm was attacked, and it was from this arm that the picture was taken. (*See* Plate V.)

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PLATE V.

Dr. SAVILL'S case of Vesiculo-Necrotic Eruption, of probably Angio-Neurotic Origin.

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The eruption has always been preceded for a few days by definite pains in the positions in which the eruption soon after became manifest. Nothing could be seen at the time of the pains. First there were small spots with red areolæ around them; these gradually increased in size until they became hard red nodules, varying in size from that of a millet-seed to that of a split pea. Upon their apex a vesicle appeared, clear at first. The floor of the vesicle sloughed, and the vesicle tended to become purulent in consequence. After that it was only a process of healing. The slough gradually separated in the course of three weeks or so, producing a condition such as the picture showed. That was the history of an ordinary elementary lesion. Sometimes the lesions became confluent, and then hæmorrhage appeared in the vesicles, and a thicker slough and a deeper ulcer resulted. An even more extraordinary fact was that when such an ulcer healed it left a flat surface with new epithelium, which was itself the seat of tiny hæmorrhages. During the past three or four weeks the patient was in a home in London, under Dr. Savill's care, and he watched the lesions from day to day and almost from hour to hour. There appeared on the new epidermis of a scar what seemed to him to be "London blacks," but closer inspection showed them to be minute hæmorrhages. There was evidently a great tendency to hæmorrhage and to necrosis in the case.

They would observe that, with the exception of the face, the lesions had been confined mainly to the dorsal surfaces, but he did not know that that had any special significance. Evidently the pathological process was a disseminated necrosis, always preceded by pain, and it was apparently of vascular origin, because it was attended by evidence of other vascular disturbances. The long duration of the malady seemed to him to be wholly inexplicable. Then, in this patient there were symptoms pointing to a peculiar condition of the vaso-motor system. She had been subject to "flushes" at different times, but in the spring or summer of 1896 she was laid up with severe attacks of what were called "angina," but which were undoubtedly of the nature of syncope; they lasted sometimes for three or four hours at a time, and were at times preceded by some pain in the chest, and palpitation and flushing, and then the patient would go off into a "dead faint." At the same time there was œdema of the ankles, congestion of the lungs, and a systolic murmur (which had since dis-

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appeared) at the apex, pointing, as Dr. Bolton Tomson very properly inferred, to dilatation of the left ventricle. Since then she had been subject to flushes of different sorts and duration. He would be very glad if any member could throw any light on the subject. Mr. Hutchinson had seen the case, and had said he was quite unable to give the condition a name, or to class it with anything he had seen. The eruption rapidly disappeared under faradic baths—two hours every morning. As the baths contained a little carbolic acid, the treatment was open to the charge of being simply an antiseptic application. The condition was cured by three weeks of this treatment, combined with a more liberal diet than the patient had been accustomed to, and freedom from all the daily cares and anxieties which formed a marked feature of her ordinary life.

The CHAIRMAN thought it was a singular case, and that it might be connected in some way with her age and the change of life. The flushings and other disturbances of the nervous system were usual at such times. Of course it was difficult to say whether it was the bath, the faradism, or the carbolic acid which did good. Except for the desire to quickly do the patient good, it might have been well to try the antiseptic first, and the bath afterwards, and note the separate effects.

Mr. PERNET said the case was a curious one. He asked whether the possibility of the condition being artificially induced by the patient herself had ever been gone into. The sex, the erratic mode of development, the fact that it commenced about the left hand and chiefly involved the left hand and forearm, the climacteric, were points in favour of such a view. Hysterical women did the most unaccountable things. He also enquired whether Dr. Savill looked upon the condition as of central origin? If so, the lesions would be more symmetrical. If the lesions were considered to be of peripheral origin, the patient may have started the condition artificially in the first instance. Further, might not the recovery, whilst under observation in a home, have been spontaneous? Whatever the explanation of the case, it was one of great interest. He hoped Dr. Savill would again bring the patient before the Society at some future time.

The CHAIRMAN added that he had seen a case of malingering in which spots somewhat similar to those in the present case were produced by croton oil. The matter baffled the doctors for a considerable time.

Dr. TRAVERS SMITH said the case reminded him very much of a little girl, æt. 13, whom he had had under observation three or four years. She was the subject of Raynaud's disease, and the scars in her case reminded him of those in Dr. Savill's. This patient also had peculiar attacks during the appearance of the skin eruption—lying in a semi-comatose state for days, and on one or two occasions for nearly a fortnight, with an irregular temperature and some œdema of the limbs; the skin becoming vesicular in some places and breaking down. She had lost the tips of three fingers and a portion of her nose, but as a rule the eruption left scars. It was not at all symmetrical in distribution. Those who wrote on the subject of

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Raynaud's disease he believed agreed that the affection was by no means always symmetrical. He would be glad to compare notes with Dr. Savill or anyone else interested in the matter.

On the suggestion of the Chairman, Dr. Travers Smith agreed to bring the case before the Society on a future occasion.

Dr. SAVILL, in reply, admitted the case had at one time looked suspicious of artificial production, but for the fact that the patient was under continuous and close observation for a week, during which he watched the lesions appear under dressings which it would have been impossible for the patient to tamper with or disturb without detection. Moreover, the patient had no object for such a course, and the arm was carefully done up. The idea had at first occurred to both Dr. Bolton Tomson and himself, and both had independently taken means to exclude such a possibility. He was very much interested in Dr. Travers Smith's remarks, which went to confirm his own view, that it was an angio-neurosis from beginning to end. Fournier published, in the *Nouvelle Iconographie de la Salpêtrière*, 1892, Vol. V., p. 202, a case very much like this one, under the name "Troubles trophiques symétriques des mains et des avant-bras," and had given references to others. In Fournier's case the eruption was symmetrical, both arms being attacked at the same time. This was the only affection which Dr. Savill had been able to find which at all resembled his own case, and the illustration accompanying Fournier's case showed lesions with a strong resemblance. The great tendency to hæmorrhage, and numerous recent incidents in the patient's history, pointed to vascular derangement. The distribution and trophic character of the eruption, combined with the personal and family history of the patient, suggested a neurotic origin.

[*Additional Remarks by* Dr. SAVILL.—About the vesiculo-necrotic nature of the lesion there can be no doubt. The essential and uniform characteristic of all the lesions was a vesicle, the base of which underwent more or less superficial necrosis, resulting in a more or less superficial scar.

The grounds on which the author believes the case to have a *nerve origin* are as follows:—

(1.) The only alternative diagnosis would be a factitious origin due to an external application. This is negatived by:—(*a.*) Dr. Bolton Tomson (of Luton), under whose care the case was for nearly the whole three years, believed it to be factitious until he did the dressings himself carefully twice a day in such a manner that any disturbance could be detected readily, and noticed that the eruption appeared day by day beneath them. In order to confirm this, he sealed up certain portions of the arm with collodion, and still the eruption appeared beneath. (*b.*) When the case came under my care in London, I adopted both the same procedures for the first three or four days, dressing the arm with simple vaseline, and found that fresh parts were attacked beneath the sealed dressings. (*c.*) The very precise similarity of all the lesions during the long period of three years. (*d.*) The circumstances of her home life were such that she had everything to gain by being well, and everything to lose by her arm being bad.

(2.) The history and progress of the case, and the circumstances of its last relapse: viz.—(*a.*) The eruption being always preceded for two or three clear days before anything could be seen by severe neuralgic pains; the presence of other nerve symptoms, and especially flushings, cold hands and feet, and other symptoms

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associated with angio-neurotic disturbance; its occurrence shortly after the menopause, and before the symptoms of that condition had quite subsided; the family history of nerve disease. (*b.*) She returned home quite cured on April 20th. Her daily life at home was surrounded by a good deal of worry, especially in reference to a paralytic imbecile child, the entire care of whom she at once resumed single-handed. On her return the flushes became more frequent, and she frequently felt as though she were going to faint (three or four times a day). The shooting pains soon returned in the arm, and two weeks after her return the spots again began to appear, and by June 29th, 1898, there were ten or a dozen vesiculo-necrotic patches on various parts of the left forearm and back of hand, of precisely the same character as before. She was again shown before the Society on this date.

(3.) The characters of the eruption are just such as one would expect *à priori* in an angio-neurotic lesion. (*a.*) It was almost entirely confined to the extremities, viz., the parts furthest from the central forces of the circulation. The lesion was a papulo-vesiculo-necrotic one, preceded by pain. (*b.*) We know that the two most frequent skin lesions of undoubted nerve origin are vesicles (*vide* a Clin. Lect. on Dermato-neuroses, *Clin. Journ.*, March, 1898) and necrosis, and that the latter usually attacks the ends of the extremities; *e.g.*, Morvan's disease and Syringomyelia (*vide* a case "Nouv. Icon. de la Salpêtrière," by Souques, Tome V., p. 286). (*c.*) In Raynaud's disease, a known angio-neurosis, the skin lesions are an erythema and a necrosis, as here, and Dr. Travers Smith drew attention during the discussion of this case to the similarity of the scars left in this case with those in a case of Raynaud's disease which he had observed.

(4.) A case entitled "Troubles trophiques symétriques des mains et des avant-bras d'origine probablement hystérique," by Professor Fournier, is published in the "Nouv. Icon. de la Salpêtrière," Tome V., p. 201, and the illustration accompanying the description shows lesions having a very precise resemblance to the spots in Mrs. G.'s case.

(5.) Two other cases resembling a slight degree of Mrs. G.'s condition have recently occurred in the author's experience, and these could only be explained as angio-neuroses. One of these was a young woman named T. M., æt. 28, who had been affected with chilblains for the three preceding winters, and whose fingers were also the seat of lesions precisely resembling those of Mrs. G. She was brought before the Society on January 26th. The other was a girl, Lucy J., æt. 18, whose case very closely resembled that of T. M. In both of these cases the eruption was a vesiculo-necrotic one, and it seems to me possible such cases as the one under consideration occur more frequently than is suspected, and are mistaken for "broken chilblains," or pernio necrotica.]

(2) A young man the subject of Telangiectasis of the forehead. He asked for opinions as to ætiology and treatment. In the spring of 1896, after "wearing a new hat," the patient developed a vertical streak of irritation and redness to the left of the middle line, measuring ½ by 1½ inch. He had no inconvenience from it, except an occasional itching. It remained stationary until November, 1897. In that month he had ten stumps removed, and immediately the condition on his forehead began to spread, and when he (Dr. Savill)

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first saw the case the whole of the left half of the forehead was occupied by a patch of dilated venules. He had applied resorcin ointment, 20 grs. to the oz., but did not think there was any benefit.

The CHAIRMAN said it was wise to bring forward cases in the early stage, because then a better opportunity was afforded of judging of their nature. Moreover, some apparently trifling cases often caused the patients a great deal of annoyance.

Mr. FREEMAN showed a young man, the subject of *Lupus erythematosus*. He said he had brought the case chiefly on account of its obstinacy, as the diagnosis was clear. It had existed for some years. The patches on the face had never wept. There was a distinct superficial scar in the centre of each patch which was spreading at the edges in spite of treatment. He had applied caustics as well as soothing treatment. Salicylic acid and creasote cream was the most successful of the remedies he had tried, but within a fortnight of leaving it off the activity of the condition returned. At one time the edges were more raised than at present, and contained little tubercles, but no "apple-jelly" appearance could be discovered. It did not get very scaly, nor so dry as was usual with Lupus erythematosus, nor had he noticed any sebaceous plugs. He would be glad of any suggestions as to treatment. The case had been treated at St. John's Skin Hospital for some time, but without benefit, and he had had the man under his own care for some months. There were some signs of apical trouble.

Dr. SAVILL suggested painting the affected area with camphor phenique first of all; but he feared it would not be strong enough for such an inveterate case. He therefore recommended rubbing over the surface some A.C.E. mixture to remove all the grease, and then the application, to a small area at a time, of pure carbolic. It was wonderful how such treatment caused disappearance of the condition without scarring. A brown flake came away, and the new healthy epithelium formed underneath.

Mr. PERNET considered the present condition of the patient called for soothing applications.

Mr. FREEMAN expressed his intention of trying the treatment suggested by Dr. Savill. Soothing applications had been tried in the case, but without benefit.

Dr. C. HERBERT THOMPSON showed, for Dr. ABRAHAM, a man, æt. 60, who came to the Blackfriars Skin Hospital one month ago. He had always been healthy, and had never had anything of consequence the matter with his skin until three months previously, when an eruption

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appeared, first on his arms, and soon afterwards on his legs and body, which had lasted until the present time. For a week before the eruption came out he had had many shivering attacks.

On examination, he was found to have an extensive eruption on the limbs, buttocks, trunk and neck. Below the knees and on the forearms the eruption was most abundant on the extensor surfaces, and was very marked on the outer sides of the thighs, and outer sides of the arms below the deltoids, also on the abdomen and in the epigastric and lumbar regions, as well as on the shoulders, buttocks, and neck, but there was not much on the back above the waist. The hands, feet, and face were not involved, and there were only one or two papules on the scalp. The nails, as well as the mucous membrane of the mouth, were unaffected.

The eruption consisted of a great number of small, red, round papules, very uniform in size, the majority being about as large as a pin's-head. Many of them had their tops abraded, evidently by scratching, and others were flattish and slightly shining, showing a minute depression in the centre, while some were convex, and a few had a hair projecting from the summit, but these hairs were not atrophied, nor surrounded by horny sheaths. In places, especially on the front of the legs below the knees, and on the extensor surfaces of the forearms, the papules were aggregated and formed patches surrounded by discrete papules; on these patches there was some dry serous discharge, which, the patient said, came after much scratching. The eruption was not scaly. There was intense itching, which caused much distress, but the general health was good.

He was given a 5-grain tabloid of thyroid extract twice daily, a tar bath, and a creolin and ammoniated mercury ointment. During the last ten days this had been supplemented by an inunction of camphor in olive oil—1 in 5. The patient thought the itching was worse lately.

Dr. Abraham regarded the case as Lichen ruber acuminatus, as distinct from Devergie's Pityriasis rubra pilaris. Some of the points of difference from Devergie's disease were:—(1) The absence of any eruption on the palms and soles; (2) the absence of conical papules with horny plugs in the orifices of the follicles, which in Pityriasis rubra pilaris were so often seen on the backs of the phalanges and elsewhere; (3) the intense itching. In Devergie's disease itching was usually absent or slight.

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Mr. HARE said that small doses of morphia might be useful on account of the itching, because the condition could not fail to be aggravated by scratching.

The CHAIRMAN said he had seen a very similar but more aggravated case get well by being kept constantly under Deelina oil, having all meat stopped, and by being given large quantities of skimmed milk. Morphia possibly might be useful by reducing capillary congestion, but there was also the risk of it setting up irritation of itself.

Mr. PERNET thought the eruption looked more like an irritated acute Lichen planus.

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